



ashm



Annual report
2014 - 2015

Supporting the HIV, Viral hepatitis and Sexual Health Workforce

Presidents report



It has been a very short and hectic year for ASHM.

I began my term in October, taking over from Edwina Wright. Edwina is a hard act to follow, particularly as she was President during Melbourne's staging of the World AIDS Conference in July 2014. The meeting was a great success, but began with the terrible news of the criminal shooting down of flight MH370 and with it the death of our colleagues, Joep Lange and Jacqueline van Tongeren. I knew both of them well; Joep, along with David Cooper and Praphan Phanuphak, was one of the co-directors of HIV-NAT, where I spent four years doing HIV clinical research from 2000-2003. Jacqueline was Joep's constant companion and support on his trips to Thailand.

They are, and will continue to be, sorely missed.

ASHM President, for her excellent stewardship of the World AIDS Conference as Co-Chair. ASHM ran a Regional Leadership and Mentoring Program during the event, which facilitated attendance of almost 200 regional delegates, demonstrating our strong commitment to capacity development in the regional responses to the HIV epidemic. This is the kind of role we see as a key activity for ASHM in the future, drawing on Australia's successful partnership approach to the HIV and other BBV responses for the past 30 years. Despite the success and chance to grab the spotlight for a week in mid-2014, it must be acknowledged that ASHM lost valuable income as a result of not staging our own conference, and this, along with some other losses from grants coming to an end and a blowout in the costs of creating ASHM's new website and CRM capabilities, has made a considerable impact on our budget.

As a result, 2014 has been a difficult year financially. The Financial and Risk Management subcommittee has taken on a much greater strategic role, along with the Board, in finding savings and looking for new funding streams, in what is certain to be a far more restrictive fiscal environment in the future. While we have managed to keep ASHM in the black, there is no doubt that things are getting tough across the sector. We will need to be imaginative and creative in keeping the society alive and well. I encourage all ASHM members to be on the alert for opportunities for the Society in the domain of BBVs and STIs. We can make ourselves less vulnerable if all ASHM members band together.

After a significant delay, we were finally able to release the new website. I hope members have seen and appreciate the improvement in our IT capacity. There was some upheaval introducing the 'my ashm' portal, but, once members logged on for the first time, the functionality improved. This is cumbersome, but it is a security requirement if we are to store the information essential for membership, courses and the conference. There will be continuous improvements made to the website in future months.

The International Division is working in a difficult environment. As we all well know, the current federal government has significantly cut the Australian AID Program and those cuts have effectively ended our DFAT-funded programs. There had been preliminary discussions about further development and extension of the Regional Capacity Development Program, but funding for that program finished in June 2015. This is most unfortunate and a real blow, not only to ASHM, but to all those trying to deal with the multiple epidemics in the region. The Division is continuing to work in PNG through the Collaboration for Health and has a number of projects in Timor, the Pacific and Viet Nam. We are also putting considerable effort into facilitating the further development and expansion of an Asia and Pacific Regional Professional Societies Network (APRSN). It is incumbent upon all of us to continue to make the case that Australian aid makes an important difference to the health of people in our region. The current government's focus on regional economic development alone is ideological, inadequate and short-sighted.

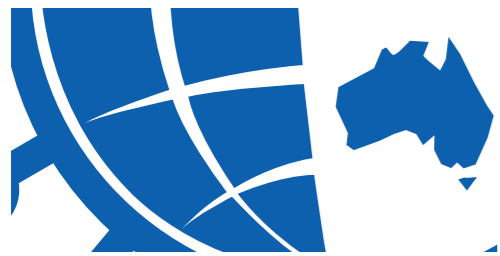
ASHM's Conference Division continues its very successful activities, successfully managing a number of events in 2014, including the Indigenous pre-Conference and the International HIV/Viral Hepatitis Co-Infection Satellite Meeting. The Division took out the annual In-House Meeting Manager award for the second time.

The Policy and Education Program has been in a degree of upheaval this year with some longer-term contracts coming to an end and much work being tendered on shorter time frames. NSW has been continuing to implement its bold HIV Strategy and this has significantly increased the time required of secretariat and members, particularly in attending meetings associated with project implementation and research. Work in the viral hepatitis and STI areas is escalating. Anna Roberts and the team have been very active and dynamic in establishing and fostering relationships with the other Australian states and territories and New Zealand. The output from the Policy and Education Division has been extensive but this has not been reflected in any increase in funding support. Our policy input has continued to be comprehensive and, with the support of industry, we have been able to introduce a comprehensive scholarship program. I hope that we can expand this to include more viral hepatitis conferences in the coming year. Anna Roberts will be leaving ASHM in the new year to take up a research fellowship in Georgetown, this is a great opportunity for Anna, but she will be sorely missed. She has been an incredibly dynamic, positive and capable member of the team. We wish her well in the future.

The Business Services area has benefited greatly from a reorganisation of responsibilities. Helen Gao has stepped up in the accounting role and Ian Johnson has come into a leadership role, taking responsibility for the finance, administration and IT areas. With your support we are determined to ensure that ASHM continues to play an active and positive role in the future in the BBV and STI domains.

I would like to thank Levinia for her continued stewardship of the Society, and the Board for their leadership and direction. I commend the annual report to you.

CEO's report



This has been another rewarding and challenging year for ASHM. In many regards, it has been a bumper year for ASHM, the health workforce whom we represent and the entire sector.

key milestones include:

- Australia hosted the World AIDS Conference, something which I never expected to see happen, given our epidemic and distance. The efficacy of HIV Pre Exposure Prophylaxis for HIV has been established in a number of trials and demonstration projects and HIV antiretroviral therapy will be dispensed in community pharmacies from 1 July 2015. Remarkably, we saw the START trial stopped, because of inferiority of delayed treatment.
- Hepatitis C drugs offering over 95% of people cure are soon to be available. Most significantly, people living with hepatitis C may have access to these drugs in convenient and affordable ways. The Pharmaceutical Benefits Advisory Committee (PBAC) has recommended that these drugs be listed on the Pharmaceutical Benefits Scheme (PBS) under the General Schedule; this is a step towards access to HCV treatment in our communities.
- Primary care providers will be able to initiate antiviral therapy for people living with chronic hepatitis B, from 1 July 2015. All treatment prescribed can now also be dispensed in community pharmacies. This should improve access to care and treatment for people living with chronic hepatitis B. The Commonwealth is also allocating funds to community awareness and practitioner preparedness programs to increase HBV diagnosis, monitoring and treatment uptake.
- Comprehensive STI guidelines were released which will further strengthen the role of the Australasian Sexual Health Alliance; ASHM and the Alliance are collaborating with the International Society for Sexually Transmitted Diseases Research (ISSTD). This has generated increased attention to sexual health by health practitioners in our region.
- The Indigenous pre-conference to AIDS 2014 and the World Indigenous Peoples' Conference on Viral Hepatitis, which was held adjacent to the 9th Australasian Viral Hepatitis Conference, in September 2014 in Alice Springs, generated increased engagement in Aboriginal and Torres Strait Islander health issues.
- Our regional and international work culminated in the hosting of almost 200 delegates to the ASHM Leadership and Mentoring Program; this was held adjacent to AIDS 2014. Our programs in Viet Nam and Indonesia have grown from strength to strength and both have been independently evaluated with very favourable and unique outcomes. Likewise, our continuing program in Papua New Guinea, supported by philanthropic donations from the pharmaceutical industry, sees the Collaboration for Health in PNG supporting local clinicians who are providing HIV management to about one third of all Papua New Guineans who are on antiretroviral therapy.
- Our Conference Division has won National Meetings and Events Industry Awards in two consecutive years and continues to provide excellent and highly-tailored professional conference organising services to the sector.
- We have launched our new, integrated website and CRM and are currently working to maximise the utility of the enhanced capacity of this powerful software.

At the same time as these important and valuable developments, it has been the most difficult year for the Society in its history, threatening our ongoing sustainability and financial viability.

key challenges include:



- Domestically, national funding has been in flux since the flexible funds were first introduced. Funding arrangements have been foreshadowed to change yet again and move from the previous grants programs to contested, competitive tenders. Grant income has been stable or shrinking and many contracts have only been for short-term durations. This has been because anticipated longer-term reforms are yet to come into place. While these short-term lifelines have meant we have been able to keep functioning, they have depleted our financial reserves, played havoc with forward-planning and compromised our capacity to retain staff. At the time of writing this report, we are in the process of negotiating a new 12-month contract for the same amount originally negotiated in the 2013-14 year.
- ASHM's income from jurisdictions has always been overwhelmingly from NSW. NSW has invested more in HIV health care provider education than other jurisdictions and been proactive in initiating and supporting viral hepatitis programs. Nevertheless, this funding has also been subject to significant changes, as a result of changes to the non-government program in health in NSW; these changes were foreshadowed for a number of years. Now, and over the last few years we have seen HIV funding remain stable and significantly, change from three to one year durations. Funding for viral hepatitis training in NSW went from a five-year program to consecutive 3-monthly extensions, with, on some occasions, no program activities beyond maintenance of the prescriber programs. This has been frustrating for staff and committees, as well as health professionals seeking training.
- Most critical to ASHM's work and that of the HIV sector as a whole, has been the policy shift in regard to investment in overseas aid. International programs have been cut across the health sector, as a result of cuts to the Australia aid budget of over \$11 billion. These cuts have occurred at a time when many HIV, sexual health and viral hepatitis programs, which are managed by our regional partners, were anticipating a sustained investment. Sustainability had been the key word applied to Australia's international HIV support program. Long term capacity development and health system strengthening outcomes are now compromised in many places. The HIV Regional Capacity Development Program comes to an end this year. This has been the major funding source for the ASHM International Program and its removal places the ongoing viability of that program in jeopardy.
- ASHM regularly derives some of its yearly income from the annual Australasian HIV & AIDS Conferences. In 2014, this income was foregone because the IAS would not enter any formal income sharing arrangement, irrespective of expectations to that effect, made at the time that the AIDS 2014 bid was prepared. We have learned from this and will now be far more formal and legalistic in any arrangements associated with sharing conference-related expenses and/or incomes. This impact was exacerbated by the independent and internal decision to hold the 2013 conference in Darwin—a decision which the Society understood would result in a lower than average returns. This is reflected in a commensurate reduction of income for the 2014-2015 year.

sustainability issues include:



Wages, rent and other outgoings have all been increasing. Members, Organisational Sustaining Members, affiliates and other sector partners have expectations that ASHM will support, facilitate and resource their activities. Our capacity to derive any profit from government-funded activities is effectively zero. In many contracts, there is a requirement to return any savings, while, at the same time, to absorb any cost over-runs.

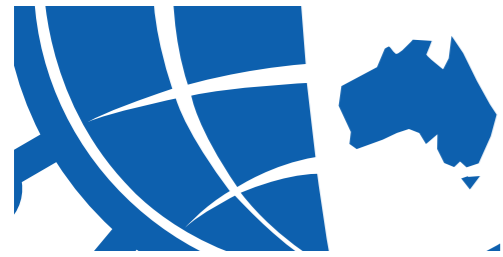
There is increased pressure on ASHM to perform in a highly competitive manner, where tendering, rather than fostering partnerships and collaborative relationships is becoming the norm and where increased performance is expected. While we embrace efficiency, there are many non-financial issues, which we know from experience, also determine the quality of a service. Tenders are often measured on the basis of widgets. It is very hard to quantify the support that ASHM provides in the sector, through collaborating with partners, sitting on committees, reviewing documents, answering enquiries and sourcing information for third parties.

ASHM is a not-for-profit organisation and stated simply, we have limited capacity to generate profits from our activities. Because we have always been lean, we have little capacity to decrease costs and a number of key decisions over recent years have further diminished our reserves and therefore our resilience.

On account of all of these factors, we are in a very active period of change and doing our very best to accommodate to this changing environment.

- ASHM has, under the expert guidance of Anna Roberts and her Management Team of Vanessa Towell and Emily Wheeler, expanded its programs with states and territories, Medicare Locals and intra-state health authorities and partner organisations, such as rural health. In Western Australia, an HIV and HBV Prescriber Program commenced and in Northern Territory, an HIV, HCV and HBV Prescriber Program started, with training provided for hepatitis B. This has been an active process for ASHM and one which comes with support and assistance from our Directors and members across Australia and New Zealand.
- We have completely over-hauled our financial and business services arrangements, including our approach to IT. Ian Johnston joined the ASHM Finance, Risk Management and Audit Committee, as an external advisor in June 2013. Last year, Ian took up a short-term post covering our end of financial year arrangements. He then went on to assume the role of Acting Business Support Division Manager, which includes Finance, HR and IT. Ian's enterprise, wide interests and auditor's eye have meant a more critical approach to our practices. This has helped us balance financial imperatives with the ideals of the organisation.
- The International Division has been through a period of upheaval; Scott McGill is the new Division Manager and new staff members occupy some of the Project Manager positions. In the context of reduced development funding, the Division is actively pursuing opportunities to maintain and strengthen its regional partnerships and network. The work of the International Division remains heavily reliant on the Society for its core support. This is an active area of interest and fundraising activity.
- The Conference Division remains a significant fund-raiser for the Society and provides the administrative workhorse to support educational activities as well as conferences and events. The Division has once again been awarded In-House Meeting Manager of the Year at the National Meetings and Events Industry Awards.

Membership



This year has been a challenging year for ASHM membership; because we fully supported the AIDS2014 conference in Melbourne, we did not have the Australasian HIV and AIDS Conference as our regular focus for membership renewal. We did, however, strike a deal with the IAS that people registering for AIDS2014 would be able to renew or apply for ASHM membership from the IAS website, but despite this opportunity, there has still been an impact on our membership renewals.

Table 1: ASHM Membership by Type	2011-12	2012-13	2013-14	2014-15
Ordinary Members	1045	873	1000	957
Individual Sustaining Members	86	103	78	44
Student Members	46	45	49	71
Retired Members	4	8	9	10
Complimentary Member Benefits	N/A	518	688	775
Affiliates	375	504	665	732
Honorary Life Membership				7
ASHM Membership, all types	1,556	2,051	2,489	2,596

Table 2a: Organisational Sustaining Membership	2012-13	2013-14	2014-15
Australasian Organisational Sustaining Member	39	46	50

- ACON - Sydney
- AIDS Action Council of the ACT
- AIDS Dementia and HIV Psychiatry Service
- Anal Neoplasia Society
- Australasian Sexual Health & HIV Nurses Association Inc.
- Australasian Hepatology Association
- Australia & New Zealand Association of Nurses in AIDS Care
- Australian Centre for HIV and Hepatitis Virology Research
- Australian Federation of AIDS Organisations
- Australian Healthcare & Hospitals Association
- Australian Indigenous Doctors' Association
- Australian Injecting and Illicit Drug Users League
- Australian Primary Health Care Nurses Association Incorporated
- Australian Research Centre in Sex, Health and Society
- Bobby Goldsmith Foundation
- Centre for Culture, Ethnicity & Health
- Centre for Social Research in Health
- Ethnic Communities Council of Queensland - HIV/AIDS, Hepatitis C & Sexual Health Program
- Family Planning Alliance Australia
- Family Planning Tasmania
- Forensic & Medical Sexual Assault Clinicians Australia
- Gilead Sciences
- HALC
- HealthInfoNet
- Hepatitis ACT
- Hepatitis NSW
- Hepatitis Queensland
- HIV Foundation Queensland
- John Curtin School of Medical Research
- Living Positive Victoria
- Macfarlane Burnet Institute
- National Association of People Living with HIV/AIDS
- National Serology Reference Laboratory, Australia
- New Zealand Sexual Health Society
- Northern Territory AIDS and Hepatitis Council - NTAHC Darwin
- NSW STI Programs Unit
- NSW Users and AIDS Association - NUAA
- Positive Life NSW
- Positive Life South Australia
- Positive Women - Victoria
- Queensland AIDS Council
- Sexual Health Society of Queensland
- Sexual Health Society of Victoria
- Society of Australian Sexologists
- The Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS
- The Kirby Institute
- Victorian Aboriginal Community Controlled Health Organisation
- Victorian AIDS Council/Gay Men's Health Centre
- Victorian Hepatitis B Alliance
- ViiV Healthcare

Table 2b: Regional Organisational Sustaining Members	2012-13	2013-14	2014-15
Regional Organisational Sustaining Members	4	6	8

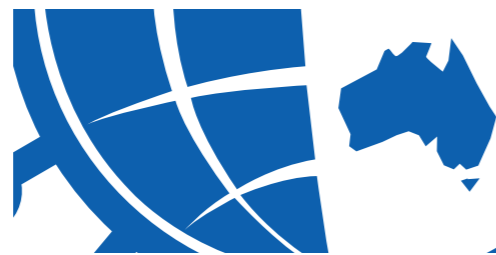
- Angsamerah Institution
- Coalition to Eradicate Viral Hepatitis in Asia-Pacific
- Indonesian Medical Association
- Oceania Society for Sexual Health and HIV Medicine
- Papua New Guinea Sexual Health Society
- The AIDS Society of the Philippines
- Timor Leste Medical Association
- Vietnam Clinical HIV/AIDS Society

Membership is the cornerstone of our Society. ASHM has also developed a major service provision role which is not contingent on recipients of that program being ASHM members. We offer all course participants a one-off complementary annual membership and hope that the support they receive as a function of that will encourage them to join our Society.

Honorary Life Membership

This year, at the ASHM AGM in Sydney in October, five long-term members have been inducted into the Honorary Life Membership program. We are still working out how best to integrate Life Members into the work of the Society. Professor John Zeigler spoke at the AGM, reflecting of the genesis of the Society and the strides that it has taken; Professor Graham Stewart AM and Professor Alex Wodak AM both spoke at a whole of staff education and training workshop, providing staff with an understanding of the history of the organisation and provided inspiration for the work which remains. Professor Liz Dax AM sits on the ASHM Scholarship Committee.

Education



Our Education services are provided by the ASHM National Policy and Education Division. ASHM's direct services are divided into training, resources, guidelines and policy. From a training perspective, ASHM provides both disease-specific workforce training activities as well as profession-specific courses, which may focus on multiple conditions. Training courses are always tailored to the local context and local experts are used whenever possible to foster professional network linkages. ASHM endeavours to provide educational delivery in a range of formats including face-to-face, webinars and online modules, to ensure the broadest access and best learning experience for each individual.

From a resources perspective, ASHM seeks to produce and adapt materials which support the needs and environment of the workforce. This means making resources available how and when they are most needed by the consumer, including hard copy, electronic, device friendly, DVD or interactive web-based tools. Regardless of the media in which they are presented.

ASHM always:

- Works with representatives from the population to which the resource is targeted, to ensure the right content level, scope and tone of the resource
- Involves organisations which represent the professional group at whom the resource is targeted
- Engages with health consumers
- Secures recognition, endorsement and accreditation for resources and activities from relevant colleges and societies
- Reviews programs and resources on a continuous improvement cycle and provides interim updates where there are significant changes
- Relies on scientific evidence and acknowledges where levels of evidence are limited or based on expert consensus/opinion
- Recognises that the sector is an area of rapid development where approaches, which may have been relied on at one point, are superseded quite quickly and responds accordingly
- Embraces debate and encourages critical inquiry
- Actively encourages enquiry and attempts to provide a forum for this through educational activities, communications, conferences, events and publications

training and workforce development

ASHM programs deliver training activities, including online and web-based learning. ASHM relies on Commonwealth funds to develop nationally relevant curricula, resources and policy. Tailoring and roll-out of these materials is largely funded by state and territory governments, local health districts, Aboriginal Medical Services, private sponsorship or fee-for-service arrangements. The purpose of all ASHM training and workforce development is to ensure gold standard and evidence-based health care is practiced at all levels of the workforce and patients receive the highest levels of care and support. A summary of our complete national training program for the reporting period is provided below. Full details are provided in the electronic report on the ASHM website. This year responsibility for the logistics for all courses was passed to the Conference, Sponsorship and Events Division, under the management of Amanda Burg. This move was made in an attempt to streamline event logistics and with the view to increasing savings through economies of scale.

Table 3: Number of training courses and trainees	Courses	Participants
HIV Courses & Updates	26 [^]	587
HBV Courses & Updates	19 [*]	389
HCV Courses & Updates	15 ⁺	263
BBV/STI/ Sexual Health Courses & Updates	7	150
Nursing HBV	2	60
Nursing HCV	2	51
Nursing STI	9	148
Totals:	80	1648

[^] 3 focused on Aboriginal and Torres Strait Islander Health
^{*}4 focused on Aboriginal and Torres Strait Islander Health
⁺ 9 focused on Aboriginal and Torres Strait Islander Health



1648
 participants
 attendant
80
 ashm
 courses
 throughout
 2014/15

HIV Program

HIV Prescriber Program

The HIV Prescriber Program for community s100 prescribers is a cornerstone of ASHM’s educational programs. The program has undergone a transformation over the past year to reflect the changed nature of HIV prescribing into primary care settings, the shift towards treating HIV as a chronic disease management issue and the overall simplification of care. In line with these changes, the National HIV Standards, Training and Accreditation Committee (NHSTAC), simplified continuing professional development requirements for HIV s100 prescribers moving from a triennium to an annual CPD review system and reducing the number of CPD points needed to maintain accreditation from 10 to seven (7) per annum. In a move to further simplify the process for GPs to become prescribers, ASHM has moved the introductory section of its training program online providing greater access to practitioners who cannot take time away from clinic or who live regionally and find it difficult to attend training in metro areas.

Excitingly, two jurisdictions previously without HIV prescriber programs, Western Australia and Northern Territory, both initiated programs during the past financial year.

The ASHM HIV prescriber training was run twice in NSW during this financial year. Fifty-one GPs were trained through these courses, including a number of attendees who travelled to NSW to attend the course including: two GPs from the NT, two GPs from ACT, one GP from New Zealand and one GP from Fiji. Twenty-six new prescribers have been accredited with four new prescribers still undergoing the accreditation process.

Table 4: Number of Community HIV s100 Prescribers by jurisdiction

	2011-2012	2012-2013	2013-2014	2014-2015	Undergoing accreditation @ 30 June
ACT	9	11	10	12	1
NSW	110	115	109	122 [#]	
SA	18	22	21	25	
VIC*	45	43	43	46	3
WA	N/A	N/A	N/A	4	
Total	182	191	183	209	4

5 on leave of absence

* accreditation and maintenance is provided by ASHM training and support provided by Networking Health Victoria (formerly General Practice Victoria)

HIV Shared Care

This financial year, ASHM completed the HIV Shared Care Audit worth 40 RACGP points and 6 HIV CPD points, as part of a suite of materials to assist non s100 prescribing GPs to be involved in the shared care of patients with HIV. The suite of shared care materials and the audit are all available from the ASHM website.



Viral Hepatitis Program

Hepatitis B Prescriber Program

The Hepatitis B s100 Community Prescriber Program has continued to expand. ASHM now administers the Hepatitis B Community s100 Prescriber Program in the Australian Capital Territory, New South Wales, Northern Territory and South Australia. ASHM has also worked with Networking Health Victoria to gain approval for implementation of a hepatitis B prescriber program in Victoria.

ASHM has worked with state and territory health departments and local clinicians to ensure the training for this program is tailored appropriately to the local context. In the Northern Territory in particular, this was an extensive process, which resulted in the course being structured to provide educational content appropriate to the practice of GPs, remote medical practitioners, nurses and Aboriginal Health Practitioners.

This program has been responsive to the change to the PBS, allowing trained and accredited Hepatitis B s100 Community Prescribers, authorised under state and territory arrangements, to initiate treatment for hepatitis B, starting 1 July 2015 (previously they were only able to write maintenance scripts).

In the lead up to this important change, the National Hepatitis B Clinical Standards and Accreditation Panel (HBV CSAP) reviewed prescriber training materials, accreditation criteria and ongoing continuing professional development criteria, to ensure these are appropriate for initiation of treatment by prescribers.

The ASHM hepatitis B prescriber training was run twice in NSW, once in the ACT, once in SA and once in the NT during this financial year. There were 102 GPs were trained through these courses and 10 new prescribers have been accredited with 60 new prescribers still undergoing the accreditation process.

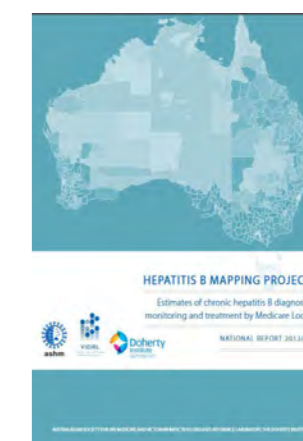
Table 5: Number of Community HBV s100 Prescribers by Jurisdiction

	2011-2012	2012-2013	2013-2014	2014-2015	Undergoing accreditation @ 30 June
ACT	N/A	1	2	3	11
NSW	N/A	18	30	43	12
NT	N/A	18	30	1	18
SA	N/A	1	2	2	19
Total		38	64	49	60

Hepatitis B Mapping Project

The Hepatitis B Mapping Project launched its second national report *Estimates of chronic hepatitis B diagnosis, monitoring and treatment by Medicare Locals, 2012/13 – National Report*, on World Cancer Day, 4 February 2015. The Report uses national datasets to indicate the current levels of diagnosis, monitoring and treatment of chronic hepatitis B, as well as vaccination rates and outcomes of infection. The Report serves as a benchmark against which progress in achieving the National Hepatitis B Strategy 2014-2017 targets and priorities can be assessed. The Report will be produced annually.

Both national reports have been used widely by a variety of organisations and individuals for advocacy, as well as program planning and delivery.



Hepatitis C Prescriber Program

In preparation for the availability of new treatments, a full review of National Standards and curriculum took place in 2014, resulting in extensive revision of the course format and content. The revised course is comprised of a modular 3-hour eLearning component, followed by a one-day, face-to-face, case-based workshop. The content is structured to enable updating as new treatments become available on the PBS. This process will be guided by the newly established National Hepatitis C Standards and Accreditation Committee, which has been established to facilitate national consistency on training, standards and accreditation and support greater access to treatment in primary care.

Table 6: Numbers of Community HCV s100 Prescribers by jurisdiction

	2011-2012	2012-2013	2013-2014	2014-2015
ACT	2	2	2	4
NSW	29	30	34	39
SA	12	12	11	10
Total	43	44	47	53

There continues to be increased interest in hepatitis C management from clinicians and ASHM provides support to these clinicians. That support helps to make sure there are appropriately trained primary care professionals to support expanded access to treatment, whilst continuing to engage and assess people living with hepatitis C, who may be at risk of progression to advanced liver disease and liver cancer.

Two ASHM hepatitis C prescriber training courses were run in NSW during this financial year. Five doctors from the ACT received scholarships to attend the training. Fifty medical practitioners and one Clinical Nurse Consultant were trained through these courses. Seven new prescribers have been accredited, with four new prescribers undergoing the accreditation process. More case study assessments are expected to be lodged from doctors that attended the HCV prescriber course on 13 June 2015.

Viral Hepatitis Program

Hepatitis C and the Drug and Alcohol sector

In partnership with the Australian Chapter of Addiction Medicine (AChAM), ASHM has developed Diagnosing and Managing HCV in Drug and Alcohol practice – an eLearning module, targeting clinicians working in alcohol and other drug settings and Opiate Substitution Therapy prescribers. The eLearning module has been promoted by AChAM to its members and to the Australasian Professional Society on Alcohol & other Drugs. ASHM has also promoted this eLearning nationally to Opioid Substitution Therapy prescribers.

This is the first of a number of targeted activities, which ASHM will deliver, to prioritise hepatitis C education to the Drug and Alcohol sector and Opioid Substitution Treatment providers in primary care.

ASHM will also provide support in testing and management of people living with hepatitis C.



Sexual Health Program

The Sexual Health Program continues to expand through the development of new education, resources and guidelines. ASHM developed and launched the first national STI guidelines for primary care; *Australian STI Management Guidelines for Use in Primary Care*, at the Australasian Sexual Health Conference in 2014. Sexual health education has focused mainly on primary health care nurses and expanding their role in caring for the sexual health of their community. ASHM remains as the secretariat of the Australasian Sexual Health Alliance (ASHA), strengthening ASHA's role as a coordinated and collaborative network of organisations involved in sexual health. Australasian Sexual Health Alliance

Australasian Sexual Health Alliance

Under section 51 of the Constitution, ASHM has the capacity to establish and support committees. The Australasian Sexual Health Alliance (ASHA) Committee was formed under this arrangement. It was established by Organisational Members of ASHM with a specific interest in sexual health to provide expert input into the ASHM sexual health program. ASHM provides the financial and administrative support to ASHA, to ensure our sexual health membership has a strong voice. During 2014-15, ASHA has been involved in various policy submissions and endorsements, e.g. submission to the Australian Human Rights Commission regarding the 'Sexual Orientation, Gender Identity & Intersex Rights Snapshot Report' Consultation, and endorsement of the STIGMA Gay Friendly GP Online Learning Module. ASHA has also played an active role in the upcoming 2015 World STI & HIV Congress.

Nursing Program

Our nursing program continues to focus mainly on STI, hepatitis B and hepatitis C education, targeted at nurses working in primary care, tertiary clinics and outpatient settings and with those most affected by BBVs and STIs. The aim of the training is to provide nurses with the skills and knowledge to expand their scope of practice. We collaborate with all relevant professional associations representing specific nursing specialty areas to ensure training is appropriate and endorsed for the target group. Partnerships with other organisations in the sector are strengthened through the development, promotion and evaluation of the nursing education programs.

As in previous years, ASHM—in collaboration with NSW STIPU and Networking Health Victoria (NHV) 'Sh3ed Program'—sponsored the Australian Primary Health Care Nurses Association (APNA) Best Practice Award in Sexual Health. The winner of the award was Samantha Read, a sexual health nurse in a general practice clinic at Hoppers Crossing, Melbourne.

Photo: with the following caption:

APNA Best Practice Award in Sexual Health winner, Samantha Read (centre). (From left to right) Nikitah Habraken (ASHM), Michelle Bonner (NSW STIPU), Melissa Cromarty (Highly Recommended Award Winner), Julie Brock (NHV)

The ASHM Nursing Program had significant input into the nursing activities during AIDS2014, coordinated and delivered in partnership with Australian and New Zealand Association of Nurses in AIDS Care (ANZANAC), Australasian Nursing and Midwifery Federation (ANMF HIV Nurses Special Interest Group), Australasian Sexual Health and HIV Nurses Association (ASHHNA) and the US-based Association for Nurses in AIDS Care (ANAC). Activities were focused around the theme of *Nurses Stepping Up, Stepping Forward and Stepping Beyond* and included a Nursing Welcome Reception, an exhibition booth in the Global Village throughout the Conference, a Nursing Satellite Session and the development of the Nursing Roadmap to assist nursing delegates to find sessions of interest to their profession.

Photo with the following caption:

ASHM CEO Levinia Crooks welcomes nurses at the AIDS 2014 Nursing Welcome Reception. <Also – consider including this photo with the caption: >UNAIDS Executive Director Michel Sidibé meeting Cherie Bennett, ASHM Nursing Clinical Advisor.

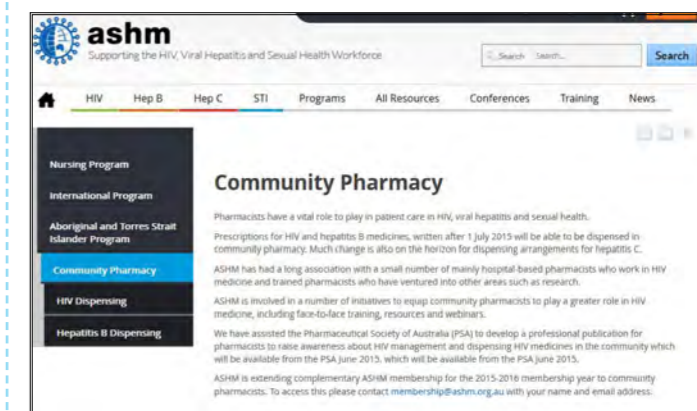
Community Pharmacy Program

This is a new area of ASHM's work. Last year we reported that HIV sectional 100 highly specialised drugs would be dispensed in community (retail) pharmacies from 1 July 2015. We have worked with the Pharmaceutical Society of Australia (PSA) and Society of Hospital Pharmacists Australia (HSPA), the Pharmacy Guild, the Australian College of Pharmacy, Retail Pharmacy magazine and community sector agencies to promote this important change to dispensing HIV medications. This is something that ASHM has been advocating for many years. Similarly, we have also been advocating to have hepatitis B s100 drugs covered by this program.

Two announcements were made recently which will now see the expansion of the role of community pharmacies

- From 1 July 2015, hepatitis B medication will be able to be dispensed in the community. Like the HIV drugs, HBV medications will remain s100, but a prescription will be able to be filled in a hospital or community pharmacy, irrespective of whether it was written in that hospital or the community. This is a program of harmonisation being put into place by the Commonwealth.
- When the new direct acting antivirals for hepatitis C are listed on the Pharmaceutical Benefits Schedule, they will come in as part of the general schedule. Details about prescribing restrictions are still being finalised, however, this initiative, along with an expansion of who can prescribe hepatitis C therapy, should greatly improve access to treatment.

ASHM has extended complimentary membership to community pharmacists for a period of one year and now has a Community Pharmacy Program page on our website. We hope to be able to expand this sector of the membership and also to explore new ways that community pharmacies might contribute to prevention and care in HIV, viral hepatitis and sexual health. One area for consideration is in regard to point of care testing; we are also considering how we can work with pharmacists to encourage them to be more active in prevention and care programs.



Resources

HIV Management in Australasia

Following a national needs assessment regarding the next format of this resource, a decision was made to make the new version of this key text used by clinicians across Australia and New Zealand, online only, but we are exploring options for print-on-demand, on a cost recovery basis.

An Expert Reference Group (ERG) was created and has been providing input on both structure and content revisions for the new edition. New writers and reviewers were also suggested where necessary including the addition of nine new sections. The specially designed website displays the detailed content in an easily accessible format with unique in-built web functionality, including an option to save pages for later reading. Coordinated online linking is underway to ensure that this resource cross-links to other relevant online resources including, but not limited to: the Testing Portal, the ARV Guidelines, the PEP Guidelines and the PrEP Guidelines. Several new chapters are being drafted for the next financial year which will extend the scope and relevance of this resource.

B Positive - all you wanted to know about hepatitis B; a guide for primary care providers

The *B Positive - all you wanted to know about hepatitis B; a guide for primary care providers* monograph underwent review guided by an ERG in 2014. This resulted in both a hard copy and a website resource being produced as the second edition. It was then launched at the 2014 Ninth Australasian Viral Hepatitis Conference in Alice Springs.

Australia's second national strategy for hepatitis B reiterates the key role of primary care practitioners in the diagnosis, care and management of people living with chronic hepatitis B. B Positive provides a comprehensive summary of current knowledge and practice. It is intended to be used as a resource by health professionals who require information to direct management or answer questions from individuals living with chronic hepatitis B.

To ensure the text would be a practical guide for end-users, a primary care practitioner focus group was convened to review and recommend changes to the resource. Feedback from this process was used to inform the final editorial process with a general practitioner also joining the editorial team.

The pdf and hard copy of the resource are available for download or ordering via www.ashm.org.au/resources, with the website available here: www.hepatitisb.org.au

ASHM produces a number of print and electronic resources. At the point of clinical review, it is ASHM's policy to conduct a needs assessment to ensure that methods of delivery are the most appropriate and accessible for each resource's target audience. ASHM continues to endeavour to provide the most relevant information as quickly as possible to the workforce in the media that best suits their needs.

Profession Based Booklets

ASHM has added to its suite of 14 profession specific resources on blood-borne viruses. The 2014-2015 year saw the publication of the first booklet for Interpreters and Translators; *Blood-Borne Viruses: A Resource for Professional Interpreters and Translators*. Four booklets were revised, updated and re-printed: *Antenatal Testing and Blood-Borne Viruses*; *General Practitioners and HIV*; *Police and Blood Borne Viruses*; *Pharmacy and Hepatitis C*. All the profession-based booklets are widely distributed and feedback from the target groups is positive.

Table 7: ASHM Profession Based Booklets	First printed	Print 2014 15	Download 2014-15	Total 2014 15
Aboriginal and Torres Strait Islander Health Workers and Blood-borne Viruses	2013	762	157	919
Aged Care Workers and HIV and Ageing	2014	2167	420	2587
Antenatal testing and Blood-borne Viruses (BBVs)	2011	1354	383	1737
Blood-Borne Viruses: a Resource for Professional Interpreters and Translators	2015	554	121	675
Correctional Officers and Blood-borne Viruses	2013	1010	227	1237
Dental and Orofacial Health and Hepatitis C	2012	472	179	651
Dentists and HIV	2011	310	255	565
Emergency Service Providers and Blood-Borne Viruses	2012	239	127	366
General Practitioners and Hepatitis C	2012	406	245	651
General Practitioners and HIV	2009,	909	1147	2056
Hepatitis B and Primary Care Providers	2012	1477	398	1875
Nurses and Hepatitis C	2012	461	231	692
Pharmacy and Hepatitis C	2010	323	302	625
Police and Blood-borne Viruses	2011	293	200	493
Totals		10,737	4,392	15,129

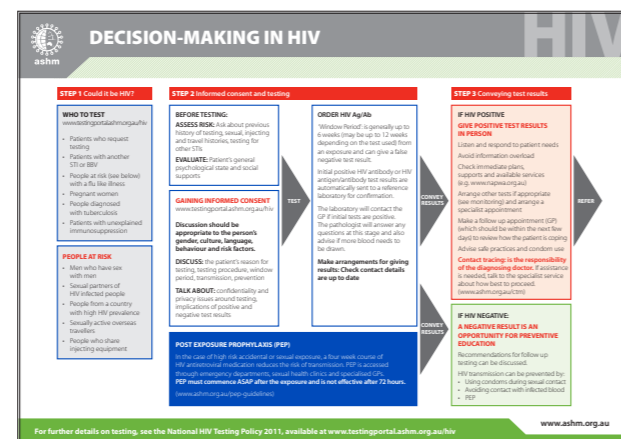
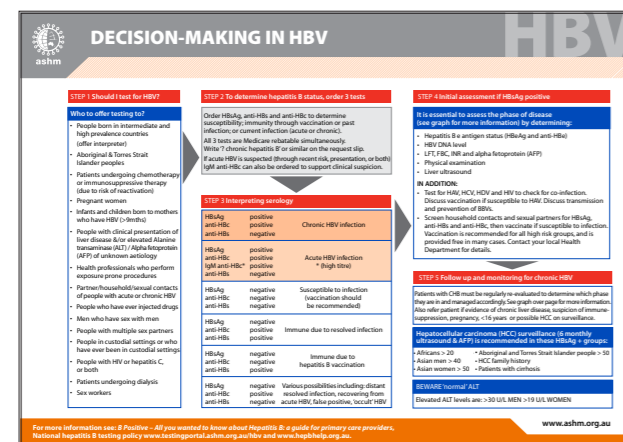
Decision Making Guides

These double-sided testing, management and treatment support tools for primary care remain extremely popular with over 5000 distributed in this financial year. They depict the staging of each virus, preferred tests and interpretations, treatment and monitoring indicators and conveying test results.

They remain popular with the target groups. The Decision Making in Hepatitis C was updated in 2014 and during the first half of 2015 to reflect the rapid changes to treatment medications.

Table 8: ASHM Decision Making Guide Distribution

	Hardcopy	Download	Total
Decision Making in HBV (version 2)	2533	185	2718
Decision Making in HCV	504	392	896
Decision Making in HIV	1457	281	1485
Totals	4494	858	5352



STI Guidelines

After more than two years in the making, the first Australian guidelines for sexually transmissible infections (STI) for use by primary care professionals were launched in October 2014 and are available at www.sti.guidelines.org.au. The **Australian STI Management Guidelines for Use in Primary Care** provides GPs, nurses, and other primary care health workers with clear, concise and convenient access to information on the management of STIs by condition, symptoms and syndromes, and populations and situations.

The Guidelines were overseen by the Australasian Sexual Health Alliance (ASHA) and acknowledged as an **Accepted Clinical Resource** by the Royal Australian College of General Practitioners (RACGP). Endorsement has been provided by the Royal Australian College of Physicians (RACP); the Australian Society for Infectious Diseases (ASID); the Australian Indigenous Doctors' Association (AIDA); the Australian Primary Health Care Nurses Association (APNA); the Australian College of Nurse Practitioners (ACNP); the Australian College of Rural and Remote Medicine (ACRRM); the Sexual Health Society of Victoria (SHSoV); the Society of Australian Sexologists (SAS); the Sexual Health Society of Queensland (SHSoQ); New Zealand Sexual Health Society (NZSHS); Family Planning Alliance Australia (FPAA); and the Australasian Sexual Health and HIV Nurses Association (ASHHNA).

Antiretroviral Guidelines

The Australian Commentary of the Antiretroviral Guidelines and Clinical Guidance website: <http://arv.ashm.org.au/> is overseen by ASHM's Sub-Committee for Guidance on HIV Management. That Sub-Committee is currently reviewing the 2015 USA Department of Health and Human Services (DHHS) Guidelines on the use of antiretroviral drugs for the treatment of HIV. The Sub-Committee will update its Australian commentary to ensure its relevance in the Australian context, paying particular attention to the "when to start" and "what to start" sections which have seen considerable change. With the early release of interim results from the START (Strategic Timing of Antiretroviral Treatment) study on 28 May 2015, the Committee is looking at the new evidence on when to start antiretroviral treatment. The full study results will be presented at the IAS conference in Vancouver in July and the clinical guidance on when to start antiretroviral therapy will be updated accordingly.

The ARVG website will be updated following Committee deliberation on the above, as it continues to provide the latest Australian commentary in a searchable and interactive format. The website assists clinicians in decisions around when to start treatment, preferred drug combinations for initiating treatment (two separate comparison tables are included on the website), and other key clinical indicators.

Testing Portal

The ASHM testing portal is a one stop shop for information about testing for HIV, hepatitis B and hepatitis C. It contains the National Testing Policies for all three disease areas as well as information about HIV point of care testing. The HIV National Testing Policy is in the process of attaining Commonwealth endorsement and both the hepatitis B and hepatitis C testing policies are up for review in the 2015/16 financial year.

Legal website

The ASHM Guide to Australian HIV Laws and Policies for Healthcare Professionals remains one of our most popular resources. It was updated during this financial year and moved onto a more advanced and user-friendly web format to improve its utility. It is slated to be redesigned over the next financial year to make the information more easily searchable.



Online Resources

Online learning & webinars

ASHM has developed a range of online learning and webinars to support the HIV, viral hepatitis and STI workforce. We have built in-house capacity to both develop and update online learning to ensure evidence-based, timely education reaches the widest range of target audience, regardless of geographic location. The ASHM learning management system enables us to track participation and award continuing professional development points from relevant professional organisations and the ASHM Prescriber Programs.

In this reporting period the following online learning has been developed and/or updated:

Gay Friendly GP Online Learning Module -

This module aims to inform health professionals about the diversity within the LGBTI community and to reduce stigma and discrimination, particularly for gay men and men who have sex with men, by ensuring their specific health needs are being met.

Hepatitis C s100 Prescriber Course -

The first day of this course has been transformed into a three-hour interactive online learning activity, split into six modules of thirty minutes each to be completed at the convenience of participants, prior to the face-to-face workshop.

Diagnosing and managing HCV in Drug and Alcohol Practice -

This consists of three smaller modules built around a case scenario typically found in the drug and alcohol setting. The first case introduces testing and diagnosis; the second, assessing the need for treatment whilst managing comorbidities; and the third focuses on identifying advanced liver disease, treatment pathways, monitoring and treatment outcomes.

Preventing liver cancer through diagnosis and management of hepatitis B -

This four-part activity discusses the role general practitioners can play in the diagnosis and management of hepatitis B, highlighting the link between hepatitis B and liver cancer. In pursuit of perfectovir – HCV talks for the new era - Five videos presented by leading clinicians in the sector addressing current issues in hepatitis C management.

Managing Aboriginal and Torres Strait Islander clients with hepatitis B and C -

This online module discusses the management of hepatitis B and C in Aboriginal and Torres Strait Islander patients.

Online learning & webinars

Table 9: Webinar usage, attendance in person, online live or accessed after the event.

Webinars	Number held	Attend in person	Attend on-line live	Post-live viewing	Total Participants
HIV Webinars	3	17	37	9	63
HBV Webinars	2	14	21	2	37
HCV Webinars	3	6	126	135	267
Totals	8	37	184	146	367

Table 10: Distribution of resources and mode of access

	2012-2013	2013-2014	2014-2015
Web Download (PDF)	41,507	24,845	17,636*
Printed Resources Distributed	34,780	46,197	28,284
Web access only	41,043	50,367	90,334
Totals	117,330	121,409	135,981

*A number of resources are now also available via searchable sub-websites, rather than PDF download or print copies. These include *HIV Management in Australasia* (web only); *B Positive - all you wanted to know about hepatitis B: a guide for primary care providers* (print and web); *Guide to Australian HIV Laws and Policies for Healthcare Professionals* (web only); *Australasian contact tracing manual* (Print, download and web); *Australian STI Management Guidelines for Use in Primary Care* (web only); *Australian Commentary of the Antiretroviral Guidelines and Clinical Guidance* (web only); and the testing portal (web only).

This means we are seeing fewer PDF downloads and print copies distributed than previously.

Policy



Hepatitis B treatment initiation and dispensing

In 2014, ASHM made a submission to the Pharmaceutical Benefits Advisory Committee (PBAC) in which we sought approval to implement a hepatitis B community prescribing program for accredited primary care providers to be able to initiate Section 100 drugs for the treatment of chronic hepatitis B. The submission was supported by letters from general practitioners involved in the hepatitis B maintenance prescriber program.

In 2015, the PBAC recommended approval of this program. This was the culmination of several years' work by ASHM. From the 1 July 2015, changes to the PBS allow:

- Initiation of hepatitis B treatment by Hepatitis B s100 Community Prescribers, and Trained and Accredited Hepatitis B s100 Community Prescribers authorised under state and territory arrangements to prescribe hepatitis B medicines, will be eligible to write initiation and maintenance prescriptions for their patients.
- Community pharmacy dispensing of hepatitis B drugs regardless of whether the prescription was written in a hospital or community setting.

ASHM welcomes these exciting changes which should improve access to care and treatment for people living with chronic hepatitis B.

The Silent Disease: Inquiry into Hepatitis C in Australia

On 2 December 2014, the then Minister for Health, the Hon Peter Dutton MP, announced an Inquiry into Hepatitis C in Australia (the inquiry) by the House of Representatives Standing Committee on Health. Five public hearings were held and the Committee received 110 submissions and 16 exhibits from a wide range of individuals and organisations. ASHM appeared as a witness at the Sydney public hearing and lodged a submission.

ASHM welcomed the Parliamentary inquiry as a timely and necessary review of the existing knowledge base, resources and needs around hepatitis C at a national level, particularly with the availability of new hepatitis C treatments on the horizon. ASHM advocated that it is vital the number of health care practitioners able to diagnose, manage and prescribe treatment for hepatitis C is significantly increased, particularly at the primary care level where the affected community is more likely to present. This includes Aboriginal Medical Services, Alcohol and other Drug Services, mental health facilities, Needle and Syringe Programs, youth services, prisons and general practice. We also advocated for the removal of administrative blocks at the federal level to support the growth of multiple pathways to care and treatment for hepatitis C.

HIV Pre Exposure Prophylaxis

One of the major policy issues for this year has been the continued flow of evidence supporting the use and efficacy of HIV Pre Exposure Prophylaxis. Critically, PrEP is not licenced for use in Australia; drugs are only available for treatment of HIV infection, not prevention. At the same time as positive data has been coming forward, so has increasing information to suggest that Australians are accessing PrEP via the internet and through the **Personal Importation Scheme**, a scheme within the **Therapeutic Goods Administration (TGA)**, which allows people to import unlicensed drugs for personal use. The Scheme requires that the importing patient has a valid prescription. ASHM took the decision in February to send a communique to clinicians providing them with information about how this Scheme operates.

At the same time, we released a **National PrEP Guideline** and an **ASHM PrEP Position Statement**. The statement makes it clear that ASHM's preferred position is that PrEP medication is evaluated for use in Australia and subject to the standard quality and performance scrutiny of the TGA. At the same time, we have taken a pragmatic approach and provided clinicians with guidelines about supervising a patient on PrEP and about how the TGA's **Personal Importation Scheme works**.

Overview of Policy Responses

One of the important ways that ASHM provides leadership is through the development of policy and coordination of policy across the sector.

Sometimes this is done by taking a leadership role in the development of a response; at other times, it is done by promulgating a call for submissions to members or sub-sets of the sector, and inviting people to develop their own submissions and responses.

Table 11: Significant policy submissions or presentations

Letter to Attorney General, Legal Aid Commission and Police Union re: BBV transmission and spitting (Disease Testing Orders)
Endorsement of 'The Hepatitis B Story' Clinical and Patient resources
Input into draft Australian Health Practitioner Regulation Agency (AHPRA) guidelines on infected healthcare workers
Letter for Tasmania re need for additional sexual health specialist at Sexual Health Service
Contribution to Blood Borne Virus and Sexually Transmissible Infection Sub-Committee(BBVSS) implementation meeting—priority areas for national strategy
Request for immigration information for client
Request for endorsement of the STI & scabies online module developed by Remote Area Health Corps, for NT
Submission to Pharmaceutical Benefits Advisory Committee (PBAC) regarding HBV prescribing and dispensing
Human Rights and Viral Hepatitis Conference Session
Communication with Federal Minister about community dispensing of Hep B treatments
Submission to Australian Health Practitioner Regulation Agency (AHPRA) regarding National Guidelines on Infected Health Care Workers

Table 11: Significant policy submissions or presentations

Possible Medical Services Advisory Committee (MSAC) Application for High Resolution Anoscopy Service
Immigration and HIV: Ongoing work following removal of Australia from UNAIDS list
Request to facilitate the 'Enabling Environments' session of the Australian Federation of AIDS Organisations (AFAO) forum
Feedback into the Commonwealth Draft Implementation Plan
Feed into review by Red Cross of IDU blood donations
Review of Therapeutic Goods Administration (TGA) and Medicines and Medical Devices Regulation
Feedback into the NSW STI Plan 2014-2018 Draft
Feedback on the Communicable Diseases Network Australia (CDNA) Discussion paper around infected healthcare worker guidelines
Position statement on universal access
Parliamentary inquiry on Hep C management
Rule 3 Exemption for HIV and STI pathology

Table 11: Significant policy submissions or presentations

Feedback on review of NSW Sexually Transmissible Infections Programs Unit (STIPU) STI Testing Tool
Feedback on Therapeutic Goods Administration (TGA) Point of Care Devices
Input into market sounding for nurse-led models in QLD
Internal Policy External courses, materials and websites displayed on ASHM website
Nurse prescribing for s100 medicines
ASHM input into WA Dept of Health STI and BBV Strategies Consultation
ASHM input into HIV Consultation Workshop in Victoria - an activity suggested by the HIV Working Group reporting to Departmental Advisory Committee on Blood Borne Viruses (DACBBV)
ASHM's support requested to provide resources for Family Planning Tasmania (FPT) training on STIs to be delivered in Tasmania
Request for ASHM position on whether nurses in general practice can provide HIV negative results to patients
Feedback to ACT HIV Strategy
Request for information on nurse-led models of BBV/STI care in Australia and areas of advocacy currently in focus, for discussion in Sexual Health Network in North East VIC

Table 11: Significant policy submissions or presentations

Attendance at WA STI/BBV quarterly forum
Involvement in Gonorrhoea resistance national workshop - run by Christine Selbey, NSW Health
PrEP Regulatory Activities Talk- AFAO National Forum
Feedback on the need to review National Guidelines on those who have HIV and put others at risk
Feedback on VIC consultation about new Public Health and Wellbeing Plan
Request for letter to AG, Legal Aid Commission and Police Union re: BBV transmission and spitting (Disease Testing Orders)
Agency for Clinical Innovation Hepatitis C Model of Care document consultation
Fibroscan Medical Services Advisory Committee Application consultation
Statement of support for new hepatitis C treatments – Pharmaceutical Benefits Advisory Committee
New content on hepatitis C virus for the Guidelines for Preventive Activities in General Practice (the Red Book)

Research

ASHM continues to support research in a number of ways; we collaborate directly (financially or in-kind) to proposals and are represented as an investigator on a number of funded programs.

We often support research through inviting members or groups of members and sector partners to collaborate in research.

ASHM also contributes to the dissemination of knowledge through collaborations on the production of research papers and journal articles and through the delivery of invited lectures and papers.

Table 12: ASHM Collaborating Research Projects

NSW Strategy Evaluation, Partnership Grant	Kirby/NHMRC
Strengthening Community Responses to Hepatitis B	ARCSHS/ ARC Linkage
HealthMap	Alfred/NHMRC
Treatment as Prevention	CSRH

Conference, Sponsorship & Events



The Conference, Sponsorship & Events Division has had another incredibly busy and successful year, starting with a number of key collaborations around the International AIDS Conference in Melbourne in July 2014. ASHM ran three key events affiliated to the International AIDS Conference (AIDS 2014) being the International Indigenous Pre-Conference on HIV&AIDS; the International HIV/Viral Hepatitis Co-Infection Satellite Meeting, and; the ASHM Leadership Course.

The events added to and drew from the AIDS2014 Conference to enable people to get more specific educational content around these topics.

The International Indigenous Pre-Conference on HIV&AIDS was an International Indigenous Working Group on HIV & AIDS (IIWGHA) event hosted by Australian Aboriginal and Torres Strait Islander Organising Committee and funded and supported by the NSW Ministry of Health and the Government of Canada.

The International HIV/Viral Hepatitis Co-Infection Satellite Meeting was hosted by the Australasian Society for HIV Medicine (ASHM) and supported by the Kirby Institute, the European AIDS Clinical Society (EACS) and the France Recherche Nord & sud Sida-hiv Hepatites (ARNS).

We also support research and the promulgation of research finding through supporting other agencies and organisations to manage their scientific meetings and through the ASHM conferences.

Table 13: Activities/Conferences Managed by ASHM Conference Division

Department of Foreign Affairs and Trade Australian Awards Fellowships AAF Scholarships & Leadership and Mentoring Program	14 – 27 July	Melbourne & Sydney
Department of Health Scholarships for the International AIDS Conference 2014	20 – 25 July	Melbourne
International Indigenous Pre-Conference on HIV&AIDS	17-19 July	Sydney
International HIV/Viral Hepatitis Co-Infection Satellite	18-19 July	Melbourne
Zoonotic Diseases Conference	25-26 July	Brisbane
Kirby Institute, NDARC-CSRH Postgrad Symposium (abstracts only)	29 August	Sydney
World Indigenous People’s Conference on Viral Hepatitis	14-16 Sept	Alice Springs
9th Australasian Viral Hepatitis Conference	17-19 Sept	Alice Springs
2014 Australasian Sexual Health Conference	9-11 October	Sydney
Violence Prevention –Everybody’s Business (partial service)	7 –9 October	Bendigo
2015 Australasian Society for Infectious Diseases Conference	18-21 March	Auckland
New Zealand HIV Update	8 May	Auckland
HIV & the Body	8-9 May	Sydney

This year the Division restructured to incorporate all of the logistics work of the ASHM educational courses (see table 3). This change is beneficial to the organisation for a number of reasons: the logistics being managed by a team that specialises in this work allows for an increase in efficiencies; better management of workload across teams; budget savings to projects with negotiated savings across a range of activities. It also means the Conference, Sponsorship & Events Division is more fully integrated into the overall work and funding of the organisation.

In May 2015, ASHM Conference, Sponsorship & Events Division won the annual In-House Meeting Manager award at the National Meeting Industry Australia Awards, for the second year in a row. The Division also took out the Corporate Social Responsibility award for In-House Meeting members and the Education Award for In-House Meeting members.



Those of you who have worked with the ASHM Conference, Sponsorship & Events Division as a client, as a member of a committee or as a conference presenter or attendee, know how dedicated, committed and professional the team is. ASHM took its conference organizing in-house in 2002. It did this initially to better serve ASHM with its annual conferences, but ASHM soon extended its services to others in the sector. We did this as one way to help support like-minded organisations and to put our objectives to support the HIV, viral hepatitis and sexual health sector into action. The Conference, Sponsorship & Events Division is committed to realising this commitment and these awards attest to that commitment.

The Division has also changed the way we report income. In the past, conference income was reported in the year it was received. On the advice of our accountants, we have changed this so that now income is reported in the financial year that the conference takes place. You will notice when you review the financial report that this results is an apparent loss this year, but that income will come back into the accounts next year. A similar approach was taken with the Scholarship Program funds, so although we can report this year on how the funds were allocated, the actual financials associated with the majority of that program will not appear in the accounts until next year.

Scholarship Programs

“The scholarship programme is a great opportunity for the scholarship holder to attend a high impact conference, it also allows a “hot off the press” real time feedback experience through the daily blogs. I would highly recommend the experience.”

“I really appreciated the opportunity given to me by ASHM to attend CROI. It was a wonderful conference and well worthwhile.”

ASHM Conference, Sponsorship & Events Division administered a Domestic Scholarship Program funded by the Commonwealth Department of Health. This program funded around 180 people from priority populations to attend the AIDS2014 Conference in Melbourne.

ASHM instituted its own scholarship program in 2014 with financial support from industry. These scholarships are awarded on the basis of a set of published criteria and applications are reviewed by an independent Scholarship Committee. The program commenced when four clinicians were supported to attend the annual Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle in 2015. Subsequently, we have been able to allocate a further 32 scholarships. The program is currently supported by ViiV Health Care and Gilead Sciences and we are looking for funding for additional meetings in the coming year. We will also use this program to facilitate non-commercial sponsorships. Details of the policy and procedures for the program can be found on the website.

Table 14: Conferences supported by Scholarship Program

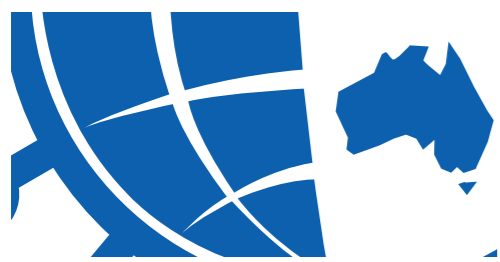
Conferences supported by Scholarship Program	Scholars supported
CROI Seattle 2015	4
International AIDS Society Conference Vancouver 2015	8
Australasian HIV & AIDS Conference 2015 (Medical)	12
Australasian HIV & AIDS Conference 2015	7
European AIDS Clinical Society (EACS) Conference Barcelona 2015	5
Total Scholarship awarded	36

Scholarship holders are required to blog from the conferences they attend and may also be required to participate in other report back sessions. The blogging has been very well received, and is popular with readers not attending those meetings.

Table 15: Blog hits by topics for CROI 2015

Blog hits by topics for CROI 2015	# Hits
Role of resistance testing in the current treatment environment CDC Workshop	793
PrEP Essential viewing for clinicians, policy makers and potential users	494
Plenary; PrEP for HIV: What we know and what we need to know for implementation	3970
CROI opens with Hepatitis C	362
Advancing HIV prevention: Biology, Medicine and Law	675
Hepatitis C: Warehousing a very risky business for co-infected	844
Pathogenesis of HIV complications – HIV related morbidity	671
The Clinical Pharmacology of HIV Prevention	262
Anal screening on HIV positive women	802
Morbidity, African Female Sex Workers, Cervical Screening in South Africa	1621
PrEP pharmacology	114
Levonorgestrel implants and efavirenz	232
Ebola: responding to the challenge	1040
HCV Frontiers and Controversies	859
Hep C (and HIV Co-infection) Essential Update for GPs	358
HIV Pre-exposure Prophylaxis (PrEP) – 2 dosing regimen options for high risk MSM	630
Serosorting and Seroadaptive Behaviours as HIV Prevention	745
Hepatitis C – Lessons Learned from Australia	759
Preventing HIV and HSV 2: What will it take?	587
Hormonal Contraceptives: Enduring Controversy	608
Cancers in Young and Old and Cancers in HIV	423
CVD in HIV Patients: An Emerging Paradigm and Call to Action Plenary	1262
Cardiovascular, Bone and Kidney Health – Oral Abstracts	842
PEP: Remember me?	718
TOTAL HITS	19,671

International Program



ASHM has worked collaboratively with HIV and sexual health professional societies, associations and organisations in our region since 2000. The International Division is made up of an International Division Manager (Scott McGill); two contributing senior advisors (Edward Reis and David Fowler who also provide strategic support to other divisions in ASHM and across the organisation more generally); two program managers (Duc Nguyen who has been supporting the Viet Nam and Indonesia programs and Michelle O'Connor supporting the Pacific Programme) and two senior project officers (Hayden Jose supporting the Timor Leste programme and Rebecca Brown supporting PNG programmes). Staff work variously full and part time and also support new business development and strategic priorities for ASHM. With changes to the funding landscape (see below) the team have been working to secure new projects in additional countries of interest in new technical areas (for example, Integrated Biological and Behavioural Surveillance (IBBS) in Timor Leste and Surveys of Sexual and Reproductive Health Needs in Youth in Viet Nam). This will be a core focus of our portfolio growth directions over the coming year.

It is a core pillar of ASHM objectives to work with fellow professionals who share similar goals, and to provide support where this is wanted. A core focus of ASHM's work in the International Division has been to support these groups. Our Department of Foreign Affairs and Trade (DFAT) funded program has resourced these activities since July 2008 and also dictated where the majority of our activities were focused, predominantly to AUSAID priority recipient countries. With the announcement that DFAT would not continue funding for the Regional HIV Capacity Building Program beyond the 2014-2015 year, we have had to seriously rethink our approach. The Board made a strategic decision, albeit within a restricted fiscal environment, to continue to support the International Division until the end of the 2015 calendar year, to allow the Division, under the direction of Scott McGill, who joined in January 2015, to secure on-going funding. One of the approaches being taken is to significantly expand our outreach to and collaboration with regional professional societies in all Asian and Pacific countries, not just developing and resource limited countries. We are also seeking to establish relationships with sexual health and viral hepatitis organisations regionally, building on our existing relationships with the International Union on Sexually Transmitted Infections-Asia Pacific (IUSTI), and the Committee to Eradicate Viral Hepatitis in Asia and the Pacific (CEVHAP) and the ASHM Leadership and Mentoring program, conducted alongside the AIDS2014 Conference in Melbourne.

ASHM International Advisory Board

In this past year, the ASHM Board appointed an International Advisory Board (IAB) to provide advice and assistance to the International Division and the Society more generally. The IAB is co-chaired by Prof Sharon Lewin (former ASHM President, Director of the Doherty Institute and Co-chair of the 2014 World AIDS Conference), Prof Chris Beyrer (President of the International AIDS Society) and A/Prof Mark Boyd, President of ASHM.

The IAB purpose is to provide advice to the International Division as it attempts to strengthen ASHM's position within the Asia and Pacific regions, particularly as ASHM and our partners expand their regional focus to embrace viral hepatitis and sexual health. The IAB will hold its first face-to-face meeting in Vancouver at the IAS Pathogenesis Conference and will hold a first Assembly of the Regional Societies Network which will be co-located with the 18th Annual HIV-NAT Symposium in January, 2016, in Bangkok from

TABLE 16: Membership ASHM International Advisory Board

Function	Member	Lead area/focus	Country
Co-Chair	Prof Sharon Lewin, Doherty Institute, Melbourne	Research/Clinical	Australia
Co-Chair	Prof Chris Beyrer, Johns Hopkins University, Baltimore	Epidemiology	USA
Co-Chair	Prof Mark Boyd (President, ASHM) Kirby Institute, University of NSW	Clinical	Australia
Member	Prof Warwick Anderson (Ret) Former Head NHMRC	NHMRC	France
Member	Prof Bernie Branson, Consultant Scientific Affairs Formerly CDC HIV Testing Program	Testing	USA
Member	Prof David Cooper, Head, The Kirby Institute, University of NSW	Research/Clinical	Australia
Member	Prof Samsuridjal Djauzi, University of Indonesia; Indonesian Association of Physicians in AIDS Care	Clinician Hepatitis/HIV	Indonesia
Member	Prof Greg Dore, Viral Hepatitis Program, Kirby Institute	Viral Hepatitis	
Member	Dr Alec Ekeroma, Former President Pacific Society for Reproductive Health	Sexual & Reproductive Health	Pacific/NZ
Member	Prof Margaret Hellard, Population Health, Burnet Institute & Monash University	Harm Minimisation	Australia
Member	Prof Adeeba Kamarulzaman, University of Malaya, Kuala Lumpur	Clinical	Malaysia
Member	Dr Nguyen Van Kinh, President Vietnamese Clinical HIV/AIDS Society	Clinician	Vietnam
Member	Dr Katherine Lepani, College of Asia and the Pacific, ANU	Social research	PNG/Australia
Member	Prof David Lewis, Director Western Sydney Sexual health Centre, U Sydney	STI	Australia/SA
Member	Steve Loccarnini CEVHAP	Hepatitis B	Australia/Regional
Member	Annamarie O'Keeffe, Lowey Institute (former Australian HIV Ambassador)	Development	Australia
Member	Dr Kiat Ruxrungthan Thai Red Cross and HIVNAT	Research/Clinical	Thailand
Member	Dr Annette Sohn, amfAR	Treat Asia	Thailand
Member (ASHM Board)	A/Prof Ben Cowie VIDRL/Doherty and Head of the WHO Collaborating Centre on viral hepatitis	Epidemiology/Clinical and ASHM Board	Australia
Community Member	TBC	Community Representative	Asia & Pacific Regions
Business Member	Joerg Boeckeler, Intercontinental Hotel Group, Sydney	Business	Australia/International
Executive Member	Adjunct A/Prof Levinia Crooks, CEO ASHM La Trobe University	Executive	Australia
Secretariat	Scott McGill	ASHM International Division	Australia

First Assembly of the Regional Societies Network

The first Assembly of the Regional Societies Network will be held in Bangkok in January 2016. The Assembly will consider an agenda for regional collaborations, as well as explore and share the successes which have been experienced regionally as a result of the work of professional organisations in collaboration, particularly through the Asia and Pacific Regional HIV Professional Societies Network (APRSN) established by ASHM in 2008. That agenda will include treatment guidelines, standards of care, professional workforce development and training and contributions to policy. The meeting will also address issues of governance, management and organisational structure in agencies responsible for supporting and delivering workforce and professional development. A program for subsequent meetings and communications will be established.

Asia Pacific Regional Societies Network

Prior to the AIDS2014 Conference in Melbourne, ASHM organised a regional meeting for the Asia and Pacific Regional Professional Society Network (APRSN). The first part of the meeting reviewed activities of and collaborations between APRSN members in the last year. The second part of the meeting opened discussion on the benefits of HIV and sexual health professional societies and the APRSN to colleagues from across the regions.

The meeting also allowed partners to explore potential collaborations and partnerships.

The APRSN quarterly Newsletter

The APRSN quarterly Newsletter was launched at the AIDS2014 Conference in Melbourne Australia, in July this year and 2014 also marked expansion of APRSN's membership. APRSN is pleased to welcome its new members to the Network: the AIDS Society of the Philippines (ASP) and Angsamerah Institution in Indonesia. Key members of ASP and Angsamerah Institution travelled to Australia in July, where they met with ASHM to discuss APRSN membership. They then attended the AIDS2014 Conference and an associated APRSN meeting, where they met with colleagues from other member societies across Asia and the Pacific.

DFAT Regional HIV Capacity Building Program (2012-2015)

The DFAT Regional HIV Capacity Building Program, which has supported ASHM's regional collaborations and programs since 2012, was due to conclude on June 30, 2015. Discussions occurred between DFAT, the Program Coordinating Committee and ASHM about the funding of a new Program in its stead. Regrettably, no new program focused solely on supporting HIV and related issues in Asia and the Pacific is in place and the Regional HIV Capacity Building Program has been terminated following the most recent cuts to the DFAT aid and development program. In its most recent iteration, the Program funded 12 projects which were implemented by seven Australian and one regional HIV organisation as outlined in Table S below. The program replaced the HIV Consortium for Partnerships in Asia and the Pacific (2008-2012).



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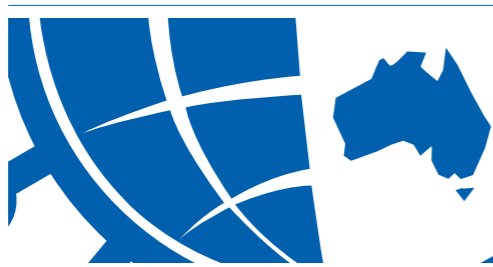
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ASHM Staff

President's report



It has been a very short and hectic year for ASHM.

I began my term in October, taking over from Edwina Wright. Edwina is a hard act to follow, particularly as she was President during Melbourne's staging of the World AIDS Conference in July 2014. The meeting was a great success, but began with the terrible news of the criminal shooting down of flight MH370 and with it the death of our colleagues, Joep Lange and Jacqueline van Tongeren. I knew both of them well; Joep, along with David Cooper and Praphan Phanuphak, was one of the co-directors of HIV-NAT, where I spent four years doing HIV clinical research from 2000-2003. Jacqueline was Joep's constant companion and support on his trips to Thailand.

They are, and will continue to be, sorely missed.

I would like to acknowledge Sharon Lewin, a past ASHM President, for her excellent stewardship of the World AIDS Conference as Co-Chair. ASHM ran a Regional Leadership and Mentoring Program during the event, which facilitated attendance of almost 200 regional delegates, demonstrating our strong commitment to capacity development in the regional responses to the HIV epidemic. This is the kind of role we see as a key activity for ASHM in the future, drawing on Australia's successful partnership approach to the HIV and other BBV responses for the past 30 years. Despite the success and chance to grab the spotlight for a week in mid-2014, it must be acknowledged that ASHM lost valuable income as a result of not staging our own conference, and this, along with some other losses from grants coming to an end and a blowout in the costs of creating ASHM's new website and CRM capabilities, has made a considerable impact on our budget. As a result, 2014 has been a difficult year financially. The Financial and Risk Management subcommittee has taken on a much greater strategic role, along with the Board, in finding savings and looking for new funding streams, in what is certain to be a far more restrictive fiscal environment in the future. While we have managed to keep ASHM in the black, there is no doubt that things are getting tough across the sector.

We will need to be imaginative and creative in keeping the society alive and well. I encourage all ASHM members to be on the alert for opportunities for the Society in the domain of BBVs and STIs. We can make ourselves less vulnerable if all ASHM members band together.

After a significant delay, we were finally able to release the new website. I hope members have seen and appreciate the improvement in our IT capacity.

There was some upheaval introducing the 'my ashm' portal, but, once members logged on for the first time, the functionality improved. This is cumbersome, but it is a security requirement if we are to store the information essential for membership, courses and the conference. There will be continuous improvements made to the website in future months.

The International Division is working in a difficult environment. As we all well know, the current federal government has significantly cut the Australian AID Program and those cuts have effectively ended our DFAT-funded programs. There had been preliminary discussions about further development and extension of the Regional Capacity Development Program, but funding for that program finished in June 2015. This is most unfortunate and a real blow, not only to ASHM, but to all those trying to deal with the multiple epidemics in the region. The Division is continuing to work in PNG through the Collaboration for Health and has a number of projects in Timor, the Pacific and Viet Nam. We are also putting considerable

effort into facilitating the further development and expansion of an Asia and Pacific Regional Professional Societies Network (APRSN). It is incumbent upon all of us to continue to make the case that Australian aid makes an important difference to the health of people in our region. The current government's focus on regional economic development alone is ideological, inadequate and short-sighted.

ASHM's Conference Division continues its very successful activities, successfully managing a number of events in 2014, including the Indigenous pre-Conference and the International HIV/Viral Hepatitis Co-Infection Satellite Meeting. The Division took out the annual In-House Meeting Manager award for the second time.

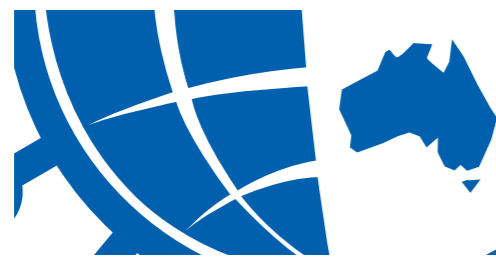
The Policy and Education Program has been in a degree of upheaval this year with some longer-term contracts coming to an end and much work being tendered on shorter time frames. NSW has been continuing to implement its bold HIV Strategy and this has significantly increased the time required of secretariat and members, particularly in attending meetings associated with project implementation and research. Work in the viral hepatitis and STI areas is escalating. Anna Roberts and the team have been very active and dynamic in establishing and fostering relationships with the other Australian states and territories and New Zealand.

The output from the Policy and Education Division has been extensive but this has not been reflected in any increase in funding support. Our policy input has continued to be comprehensive and, with the support of industry, we have been able to introduce a comprehensive scholarship program. I hope that we can expand this to include more viral hepatitis conferences in the coming year. Anna Roberts will be leaving ASHM in the new year to take up a research fellowship in Georgetown, this is a great opportunity for Anna, but she will be sorely missed. She has been an incredibly dynamic, positive and capable member of the team. We wish her well in the future.

The Business Services area has benefited greatly from a reorganisation of responsibilities. Helen Gao has stepped up in the accounting role and Ian Johnson has come into a leadership role, taking responsibility for the finance, administration and IT areas. With your support we are determined to ensure that ASHM continues to play an active and positive role in the future in the BBV and STI domains.

I would like to thank Levinia for her continued stewardship of the Society, and the Board for their leadership and direction. I commend the annual report to you.

CEO's report



This has been another rewarding and challenging year for ASHM. In many regards, it has been a bumper year for ASHM, the health workforce whom we represent and the entire sector.



Key Milestones include:



- Australia hosted the World AIDS Conference, something which I never expected to see happen, given our epidemic and distance. The efficacy of HIV Pre Exposure Prophylaxis for HIV has been established in a number of trials and demonstration projects and HIV antiretroviral therapy will be dispensed in community pharmacies from 1 July 2015. Remarkably, we saw the START trial stopped, because of inferiority of delayed treatment.
- Hepatitis C drugs offering over 95% of people cure are soon to be available. Most significantly, people living with hepatitis C may have access to these drugs in convenient and affordable ways. The Pharmaceutical Benefits Advisory Committee (PBAC) has recommended that these drugs be listed on the Pharmaceutical Benefits Scheme (PBS) under the General Schedule; this is a step towards access to HCV treatment in our communities.
- Primary care providers will be able to initiate antiviral therapy for people living with chronic hepatitis B, from 1 July 2015. All treatment prescribed can now also be dispensed in community pharmacies. This should improve access to care and treatment for people living with chronic hepatitis B. The Commonwealth is also allocating funds to community awareness and practitioner preparedness programs to increase HBV diagnosis, monitoring and treatment uptake.
- Comprehensive STI guidelines were released which will further strengthen the role of the Australasian Sexual Health Alliance; ASHM and the Alliance are collaborating with the International Society for Sexually Transmitted Diseases Research (ISSTD). This has generated increased attention to sexual health by health practitioners in our region.
- The Indigenous pre-conference to AIDS 2014 and the World Indigenous Peoples' Conference on Viral Hepatitis, which was held adjacent to the 9th Australasian Viral Hepatitis Conference, in September 2014 in Alice Springs, generated increased engagement in Aboriginal and Torres Strait Islander health issues.
- Our regional and international work culminated in the hosting of almost 200 delegates to the ASHM Leadership and Mentoring Program; this was held adjacent to AIDS 2014. Our programs in Viet Nam and Indonesia have grown from strength to strength and both have been independently evaluated with very favourable and unique outcomes. Likewise, our continuing program in Papua New Guinea, supported by philanthropic donations from the pharmaceutical industry, sees the Collaboration for Health in PNG supporting local clinicians who are providing HIV management to about one third of all Papua New Guineans who are on antiretroviral therapy.
- Our Conference Division has won National Meetings and Events Industry Awards in two consecutive years and continues to provide excellent and highly-tailored professional conference organising services to the sector.
- We have launched our new, integrated website and CRM and are currently working to maximise the utility of the enhanced capacity of this powerful software.

At the same time as these important and valuable developments, it has been the most difficult year for the Society in its history, threatening our ongoing sustainability and financial viability.

Key Challenges include:

- Domestically, national funding has been in flux since the flexible funds were first introduced. Funding arrangements have been foreshadowed to change yet again and move from the previous grants programs to contested, competitive tenders. Grant income has been stable or shrinking and many contracts have only been for short-term durations. This has been because anticipated longer-term reforms are yet to come into place. While these short-term lifelines have meant we have been able to keep functioning, they have depleted our financial reserves, played havoc with forward-planning and compromised our capacity to retain staff. At the time of writing this report, we are in the process of negotiating a new 12-month contract for the same amount originally negotiated in the 2013-14 year.
- ASHM's income from jurisdictions has always been overwhelmingly from NSW. NSW has invested more in HIV health care provider education than other jurisdictions and been proactive in initiating and supporting viral hepatitis programs. Nevertheless, this funding has also been subject to significant changes, as a result of changes to the non-government program in health in NSW; these changes were foreshadowed for a number of years. Now, and over the last few years we have seen HIV funding remain stable and significantly, change from three to one year durations. Funding for viral hepatitis training in NSW went from a five-year program to consecutive 3-monthly extensions, with, on some occasions, no program activities beyond maintenance of the prescriber programs. This has been frustrating for staff and committees, as well as health professionals seeking training.
- Most critical to ASHM's work and that of the HIV sector as a whole, has been the policy shift in regard to investment in overseas aid. International programs have been cut across the health sector, as a result of cuts to the Australia aid budget of over \$11 billion. These cuts have occurred at a time when many HIV, sexual health and viral hepatitis programs, which are managed by our regional partners, were anticipating a sustained investment. Sustainability had been the key word applied to Australia's international HIV support program. Long term capacity development and health system strengthening outcomes are now compromised in many places. The HIV Regional Capacity Development Program comes to an end this year. This has been the major funding source for the ASHM International Program and its removal places the ongoing viability of that program in jeopardy.
- ASHM regularly derives some of its yearly income from the annual Australasian HIV & AIDS Conferences. In 2014, this income was foregone because the IAS would not enter any formal income sharing arrangement, irrespective of expectations to that effect, made at the time that the AIDS 2014 bid was prepared. We have learned from this and will now be far more formal and legalistic in any arrangements associated with sharing conference-related expenses and/or incomes. This impact was exacerbated by the independent and internal decision to hold the 2013 conference in Darwin— a decision which the Society understood would result in a lower than average returns. This is reflected in a commensurate reduction of income for the 2014-2015 year.

Sustainability Issues include:

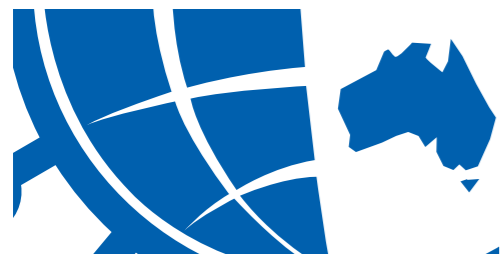
Wages, rent and other outgoings have all been increasing. Members, Organisational Sustaining Members, affiliates and other sector partners have expectations that ASHM will support, facilitate and resource their activities. Our capacity to derive any profit from government-funded activities is effectively zero. In many contracts, there is a requirement to return any savings, while, at the same time, to absorb any cost over-runs.

There is increased pressure on ASHM to perform in a highly competitive manner, where tendering, rather than fostering partnerships and collaborative relationships is becoming the norm and where increased performance is expected. While we embrace efficiency, there are many non-financial issues, which we know from experience, also determine the quality of a service. Tenders are often measured on the basis of widgets. It is very hard to quantify the support that ASHM provides in the sector, through collaborating with partners, sitting on committees, reviewing documents, answering enquiries and sourcing information for third parties.

ASHM is a not-for-profit organisation and stated simply, we have limited capacity to generate profits from our activities. Because we have always been lean, we have little capacity to decrease costs and a number of key decisions over recent years have further diminished our reserves and therefore our resilience. On account of all of these factors, we are in a very active period of change and doing our very best to accommodate to this changing environment.

- ASHM has, under the expert guidance of Anna Roberts and her Management Team of Vanessa Towell and Emily Wheeler, expanded its programs with states and territories, Medicare Locals and intra-state health authorities and partner organisations, such as rural health. In Western Australia, an HIV and HBV Prescriber Program commenced and in Northern Territory, an HIV, HCV and HBV Prescriber Program started, with training provided for hepatitis B. This has been an active process for ASHM and one which comes with support and assistance from our Directors and members across Australia and New Zealand.
- We have completely over-hauled our financial and business services arrangements, including our approach to IT. Ian Johnston joined the ASHM Finance, Risk Management and Audit Committee, as an external advisor in June 2013. Last year, Ian took up a short-term post covering our end of financial year arrangements. He then went on to assume the role of Acting Business Support Division Manager, which includes Finance, HR and IT. Ian's enterprise, wide interests and auditor's eye have meant a more critical approach to our practices. This has helped us balance financial imperatives with the ideals of the organisation.
- The International Division has been through a period of upheaval; Scott McGill is the new Division Manager and new staff members occupy some of the Project Manager positions. In the context of reduced development funding, the Division is actively pursuing opportunities to maintain and strengthen its regional partnerships and network. The work of the International Division remains heavily reliant on the Society for its core support. This is an active area of interest and fundraising activity.
- The Conference Division remains a significant fund-raiser for the Society and provides the administrative workhorse to support educational activities as well as conferences and events. The Division has once again been awarded In-House Meeting Manager of the Year at the National Meetings and Events Industry Awards.

Members



This year has been a challenging year for ASHM membership; because we fully supported the AIDS2014 conference in Melbourne, we did not have the Australasian HIV and AIDS Conference as our regular focus for membership renewal. We did, however, strike a deal with the IAS that people registering for AIDS2014 would be able to renew or apply for ASHM membership from the IAS website, but despite this opportunity, there has still been an impact on our membership renewals.

Membership is the cornerstone of our Society. ASHM has also developed a major service provision role which is not contingent on recipients of that program being ASHM members. We offer all course participants a one-off complementary annual membership and hope that the support they receive as a function of that will encourage them to join our Society.

Honorary Life Membership

This year, at the ASHM AGM in Sydney in October, five long-term members have been inducted into the Honorary Life Membership program. We are still working out how best to integrate Life Members into the work of the Society. Professor John Zeigler spoke at the AGM, reflecting on the genesis of the Society and the strides that it has taken; Professor Graham Stewart AM and Professor Alex Wodak AM both spoke at a whole of staff education and training workshop, providing staff with an understanding of the history of the organisation and provided inspiration for the work which remains. Professor Liz Dax AM sits on the ASHM Scholarship Committee.

	2011-12	2012-13	2013-14	2014-15
Ordinary Members	1045	873	1000	957
Individual Sustaining Members	86	103	78	44
Student Members	46	45	49	71
Retired Members	4	8	9	10
Complimentary Member Benefits	N/A	518	688	775
Affiliates	375	504	665	732
Honorary Life Membership				7
ASHM Membership, all types	1,556	2,051	2,489	2,596

	2012-13	2013-14	2014-15
Australasian Organisational Sustaining Member	39	46	50

ACON - Sydney
 AIDS Action Council of the ACT
 AIDS Dementia and HIV Psychiatry Service
 Anal Neoplasia Society
 Australasian Sexual Health & HIV Nurses Association Inc.
 Australasian Hepatology Association
 Australia & New Zealand Association of Nurses in AIDS Care
 Australian Centre for HIV and Hepatitis Virology Research
 Australian Federation of AIDS Organisations
 Australian Healthcare & Hospitals Association
 Australian Indigenous Doctors' Association
 Australian Injecting and Illicit Drug Users League
 Australian Primary Health Care Nurses Association Incorporated
 Australian Research Centre in Sex, Health and Society
 Bobby Goldsmith Foundation
 Centre for Culture, Ethnicity & Health
 Centre for Social Research in Health
 Ethnic Communities Council of Queensland - HIV/AIDS, Hepatitis C & Sexual Health Program
 Family Planning Alliance Australia
 Family Planning Tasmania
 Forensic & Medical Sexual Assault Clinicians Australia
 Gilead Sciences
 HALC
 HealthInfoNet
 Hepatitis ACT

Hepatitis NSW
 Hepatitis Queensland
 HIV Foundation Queensland
 John Curtin School of Medical Research
 Living Positive Victoria
 Macfarlane Burnet Institute
 National Association of People Living with HIV/AIDS
 National Serology Reference Laboratory, Australia
 New Zealand Sexual Health Society
 Northern Territory AIDS and Hepatitis Council - NTAHC Darwin
 NSW STI Programs Unit
 NSW Users and AIDS Association - NUAA
 Positive Life NSW
 Positive Life South Australia
 Positive Women - Victoria
 Queensland AIDS Council
 Sexual Health Society of Queensland
 Sexual Health Society of Victoria
 Society of Australian Sexologists
 The Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS
 The Kirby Institute
 Victorian Aboriginal Community Controlled Health Organisation
 Victorian AIDS Council/Gay Men's Health Centre
 Victorian Hepatitis B Alliance
 Viiv Healthcare

	2012-13	2013-14	2014-15
Regional Organisational Sustaining Members	4	6	8

Angsamerah Institution
 Coalition to Eradicate Viral Hepatitis in Asia-Pacific
 Indonesian Medical Association
 Oceania Society for Sexual Health and HIV Medicine

Papua New Guinea Sexual Health Society
 The AIDS Society of the Philippines
 Timor Leste Medical Association
 Vietnam Clinical HIV/AIDS Society

Education



Our Education services are provided by the ASHM National Policy and Education Division. ASHM's direct services are divided into training, resources, guidelines and policy. From a training perspective, ASHM provides both disease-specific workforce training activities as well as profession-specific courses, which may focus on multiple conditions. Training courses are always tailored to the local context and local experts are used whenever possible to foster professional network linkages. ASHM endeavours to provide educational delivery in a range of formats including face-to-face, webinars and online modules, to ensure the broadest access and best learning experience for each individual.

From a resources perspective, ASHM seeks to produce and adapt materials which support the needs and environment of the workforce. This means making resources available how and when they are most needed by the consumer, including hard copy, electronic, device friendly, DVD or interactive web-based tools. Regardless of the media in which they are presented.

ASHM always:

- Works with representatives from the population to which the resource is targeted, to ensure the right content level, scope and tone of the resource
- Involves organisations which represent the professional group at whom the resource is targeted
- Engages with health consumers
- Secures recognition, endorsement and accreditation for resources and activities from relevant colleges and societies
- Reviews programs and resources on a continuous improvement cycle and provides interim updates where there are significant changes
- Relies on scientific evidence and acknowledges where levels of evidence are limited or based on expert consensus/opinion
- Recognises that the sector is an area of rapid development where approaches, which may have been relied on at one point, are superseded quite quickly and responds accordingly
- Embraces debate and encourages critical inquiry
- Actively encourages enquiry and attempts to provide a forum for this through educational activities, communications, conferences, events and publications

Training and workforce development

ASHM programs deliver training activities, including online and web-based learning. ASHM relies on Commonwealth funds to develop nationally relevant curricula, resources and policy. Tailoring and roll-out of these materials is largely funded by state and territory governments, local health districts, Aboriginal Medical Services, private sponsorship or fee-for-service arrangements. The purpose of all ASHM training and workforce development is to ensure gold standard and evidence-based health care is practiced at all levels

of the workforce and patients receive the highest levels of care and support. A summary of our complete national training program for the reporting period is provided below. Full details are provided in the electronic report on the ASHM website. This year responsibility for the logistics for all courses was passed to the Conference, Sponsorship and Events Division, under the management of Amanda Burg. This move was made in an attempt to streamline event logistics and with the view to increasing savings through economies of scale.

Table 3: Number of training courses and trainees	Courses	Participants
HIV Courses & Updates	26 [^]	587
HBV Courses & Updates	19 [*]	389
HCV Courses & Updates	15 ⁺	263
BBV/STI/ Sexual Health Courses & Updates	7	150
Nursing HBV	2	60
Nursing HCV	2	51
Nursing STI	9	148
Totals:	80	1648

[^] 3 focused on Aboriginal and Torres Strait Islander Health
^{*}4 focused on Aboriginal and Torres Strait Islander Health
⁺ 9 focused on Aboriginal and Torres Strait Islander Health

1648
 participants
 attendant
 80
 ashm
 courses
 throughout
 2014/15

HIV Program

HIV Prescriber Program

The HIV Prescriber Program for community s100 prescribers is a cornerstone of ASHM's educational programs. The program has undergone a transformation over the past year to reflect the changed nature of HIV prescribing into primary care settings, the shift towards treating HIV as a chronic disease management issue and the overall simplification of care. In line with these changes, the National HIV Standards, Training and Accreditation Committee (NHSTAC), simplified continuing professional development requirements for HIV s100 prescribers moving from a triennium to an annual CPD review system and reducing the number of CPD points needed to maintain accreditation from 10 to seven (7) per annum. In a move to further simplify the process for GPs to become prescribers, ASHM has moved the introductory section of its training program online providing greater access to practitioners who cannot take time away from clinic or who live regionally and find it difficult to attend training in metro areas.

Excitingly, two jurisdictions previously without HIV prescriber programs, Western Australia and Northern Territory, both initiated programs during the past financial year.

The ASHM HIV prescriber training was run twice in NSW during this financial year. Fifty-one GPs were trained through these courses, including a number of attendees who travelled to NSW to attend the course including: two GPs from the NT, two GPs from ACT, one GP from New Zealand and one GP from Fiji. Twenty-six new prescribers have been accredited with four new prescribers still undergoing the accreditation process.

Table 4: Number of Community HIV s100 Prescribers by jurisdiction

	2011-2012	2012-2013	2013-2014	2014-2015	Undergoing accreditation @ 30 June
ACT	9	11	10	12	1
NSW	110	115	109	122 [#]	
SA	18	22	21	25	
VIC*	45	43	43	46	3
WA	N/A	N/A	N/A	4	

[#] 5 on leave of absence

* accreditation and maintenance is provided by ASHM training and support provided by Networking Health Victoria (formerly General Practice Victoria)

HIV Shared Care

This financial year, ASHM completed the HIV Shared Care Audit worth 40 RACGP points and 6 HIV CPD points, as part of a suite of materials to assist non s100 prescribing GPs to be involved in the shared care of patients with HIV. The suite of shared care materials and the audit are all available from the ASHM website.



Viral Hepatitis Program

The Hepatitis B s100 Community Prescriber Program has continued to expand. ASHM now administers the Hepatitis B Community s100 Prescriber Program in the Australian Capital Territory, New South Wales, Northern Territory and South Australia. ASHM has also worked with Networking Health Victoria to gain approval for implementation of a hepatitis B prescriber program in Victoria.

ASHM has worked with state and territory health departments and local clinicians to ensure the training for this program is tailored appropriately to the local context. In the Northern Territory in particular, this was an extensive process, which resulted in the course being structured to provide educational content appropriate to the practice of GPs, remote medical practitioners, nurses and Aboriginal Health Practitioners.

This program has been responsive to the change to the PBS, allowing trained and accredited Hepatitis B s100 Community Prescribers, authorised under state and territory arrangements, to initiate treatment for hepatitis B, starting 1 July 2015 (previously they were only able to write maintenance scripts).

In the lead up to this important change, the National Hepatitis B Clinical Standards and Accreditation Panel (HBV CSAP) reviewed prescriber training materials, accreditation criteria and ongoing continuing professional development criteria, to ensure these are appropriate for initiation of treatment by prescribers.

Hepatitis B Prescriber Program

Hepatitis B Mapping Project

Table 5: Number of Community HBV s100 Prescribers by Jurisdiction

	2011-2012	2012-2013	2013-2014	2014-2015	Undergoing accreditation @ 30 June
ACT	N/A	1	2	3	11
NSW	N/A	18	30	43	12
NT	N/A	18	30	1	18
SA	N/A	1	2	2	19
Total		38	64	49	60

The Hepatitis B Mapping Project launched its second national report Estimates of chronic hepatitis B diagnosis, monitoring and treatment by Medicare Locals, 2012/13 – National Report, on World Cancer Day, 4 February 2015. The Report uses national datasets to indicate the current levels of diagnosis, monitoring and treatment of chronic hepatitis B, as well as vaccination rates and outcomes of infection. The Report serves as a benchmark against which progress in achieving the National Hepatitis B Strategy 2014-2017 targets and priorities can be assessed. The Report will be produced annually.



Both national reports have been used widely by a variety of organisations and individuals for advocacy, as well as program planning and delivery.

Hepatitis C Prescriber Program

In preparation for the availability of new treatments, a full review of National Standards and curriculum took place in 2014, resulting in extensive revision of the course format and content. The revised course is comprised of a modular 3-hour eLearning component, followed by a one-day, face-to-face, case-based workshop. The content is structured to enable updating as new treatments become available

on the PBS. This process will be guided by the newly established National Hepatitis C Standards and Accreditation Committee, which has been established to facilitate national consistency on training, standards and accreditation and support greater access to treatment in primary care.

There continues to be increased interest in hepatitis C management from clinicians and ASHM provides

support to these clinicians. That support helps to make sure there are appropriately trained primary care professionals to support expanded access to treatment, whilst continuing to engage and assess people living with hepatitis C, who may be at risk of progression to advanced liver disease and liver cancer.

Two ASHM hepatitis C prescriber training courses were run in NSW during this financial year. Five doctors from the ACT received scholarships to attend the training. Fifty medical practitioners and one Clinical Nurse Consultant were trained through these courses. Seven new prescribers have been accredited, with four new prescribers undergoing the accreditation process. More case study assessments are expected to be

Table 6: Numbers of Community HCV s100 Prescribers by jurisdiction

	2011-2012	2012-2013	2013-2014	2014-2015
ACT	2	2	2	4
NSW	29	30	34	39
SA	12	12	11	10
Total	43	44	47	53

Sexual Health Program

Hepatitis C and the Drug and Alcohol sector

In partnership with the Australian Chapter of Addiction Medicine (AChAM), ASHM has developed Diagnosing and Managing HCV in Drug and Alcohol practice – an eLearning module, targeting clinicians working in alcohol and other drug settings and Opiate Substitution Therapy prescribers. The eLearning module has been promoted by AChAM to its members and to the Australasian Professional Society on Alcohol & other Drugs. ASHM has also promoted this eLearning nationally to Opioid Substitution Therapy prescribers.

This is the first of a number of targeted activities, which ASHM will deliver, to prioritise hepatitis C education to the Drug and Alcohol sector and Opioid Substitution Treatment providers in primary care.

ASHM will also provide support in testing and management of people living with hepatitis C.

The Sexual Health Program continues to expand through the development of new Education, resources and guidelines. Sexual health education has focused mainly on primary health care nurses and expanding their role in caring for the sexual health of their community. ASHM remains as the secretariat of the Australasian Sexual Health Alliance (ASHA), strengthening ASHA's role as a coordinated and collaborative network of organisations involved in sexual health.

ASHM developed and launched the first national STI guidelines for primary care; Australian STI Management Guidelines for Use in Primary Care, at the Australasian Sexual Health Conference in 2014.

ASHM remains as the secretariat of the Australasian Sexual Health Alliance (ASHA), strengthening ASHA's role as a coordinated and collaborative network of organisations involved in sexual health.

Australasian Sexual Health Alliance

Under section 51 of the Constitution, ASHM has the capacity to establish and support committees. The Australasian Sexual Health Alliance (ASHA) Committee was formed under this arrangement. It was established by Organisational Members of ASHM with a specific interest in health to provide expert input into the ASHM sexual health program. ASHM provides the financial and administrative support to ASHA, to ensure our sexual health membership has a

strong voice. During 2014-15, ASHA has been involved in various policy submissions and endorsements, e.g. submission to the Australian Human Rights Commission regarding the 'Sexual Orientation, Gender Identity & Intersex Rights Snapshot Report' Consultation, and endorsement of the STIGMA Gay Friendly GP Online Learning Module. ASHA has also played an active role in the upcoming 2015 World STI & HIV Congress.

Nursing Program

Our nursing program continues to focus mainly on STI, hepatitis B and hepatitis C education, targeted at nurses working in primary care, tertiary clinics and outpatient settings and with those most affected by BBVs and STIs. The aim of the training is to provide nurses with the skills and knowledge to expand their scope of practice. We collaborate with all relevant professional associations representing specific nursing specialty areas to ensure training is appropriate and endorsed for the target group. Partnerships with other organisations in the sector are strengthened through the development, promotion and evaluation of the nursing education programs.

As in previous years, ASHM—in collaboration with NSW STIPU and Networking Health Victoria (NHV) 'Sh3ed Program'—sponsored the Australian Primary Health Care Nurses Association (APNA) Best Practice Award in Sexual Health. The winner of the award was Samantha Read, a sexual health nurse in a general practice clinic at Hoppers Crossing, Melbourne.

The ASHM Nursing Program had significant input into the nursing activities during AIDS2014, coordinated and delivered in partnership with Australian and New Zealand Association of Nurses in AIDS Care (ANZANAC), Australasian Nursing and Midwifery Federation (ANMF HIV Nurses Special Interest Group), Australasian Sexual Health and HIV Nurses Association (ASHHNA) and the US-based Association for Nurses in AIDS Care (ANAC). Activities were focused around the theme of Nurses Stepping Up, Stepping Forward and Stepping Beyond and included a Nursing Welcome Reception, an exhibition booth in the Global Village throughout the Conference, a Nursing Satellite Session and the development of the Nursing Roadmap to assist nursing delegates to find sessions of interest to their profession.

Community Pharmacy Program

This is a new area of ASHM's work. Last year we reported that HIV sectional 100 highly specialised drugs would be dispensed in community (retail) pharmacies from 1 July 2015. We have worked with the Pharmaceutical Society of Australia (PSA) and Society of Hospital Pharmacists Australia (HSPA), the Pharmacy Guild, the Australian College of Pharmacy, Retail Pharmacy magazine and community sector agencies to promote this important change to dispensing HIV medications. This is something that ASHM has been advocating for many years. Similarly, we have also been advocating to have hepatitis B s100 drugs covered by this program.

Two announcements were made recently which will now see the expansion of the role of community pharmacies:

- From 1 July 2015, hepatitis B medication will be able to be dispensed in the community. Like the HIV drugs, HBV medications will remain s100, but a prescription will be able to be filled in a hospital or community pharmacy, irrespective of whether it was written in that hospital or the community. This is a program of harmonisation being put into place by the Commonwealth.
- When the new direct acting antivirals for hepatitis C are listed on the Pharmaceutical Benefits Schedule, they will come in as part of the general schedule. Details about prescribing restrictions are still being finalised, however, this initiative, along with an expansion of who can prescribe hepatitis C therapy, should greatly improve access to treatment.

ASHM has extended complimentary membership to community pharmacists for a period of one year and now has a Community Pharmacy Program page on our website. We hope to be able to expand this sector of the membership and also to explore new ways that community pharmacies might contribute to prevention and care in HIV, viral hepatitis and sexual health. One area for consideration is in regard to point of care testing; we are also considering how we can work with pharmacists to encourage them to be more active in prevention and care programs.

Resources

ASHM produces a number of print and electronic resources. At the point of clinical review, it is ASHM's policy to conduct a needs assessment to ensure that methods of delivery are the most appropriate and accessible for each resource's target audience. ASHM continues to endeavour to provide the most relevant information as quickly as possible to the workforce in the media that best suits their needs.

HIV Management in Australasia

Following a national needs assessment regarding the next format of this resource, a decision was made to make the new version of this key text used by clinicians across Australia and New Zealand, online only, but we are exploring options for print-on-demand, on a cost recovery basis.

An Expert Reference Group (ERG) was created and has been providing input on both structure and content revisions for the new edition. New writers and reviewers were also suggested where necessary including the addition of nine new sections.

The specially designed website displays the detailed content in an easily accessible format with unique in-built web functionality, including an option to save pages for later reading. Coordinated online linking is underway to ensure that this resource cross-links to other relevant online resources including, but not limited to: the Testing Portal, the ARV Guidelines, the PEP Guidelines and the PrEP Guidelines. Several new chapters are being drafted for the next financial year which will extend the scope and relevance of this resource.

B Positive - all you wanted to know about hepatitis B; a guide for primary care providers

The *B Positive - all you wanted to know about hepatitis B; a guide for primary care providers* monograph underwent review guided by an ERG in 2014. This resulted in both a hard copy and a website resource being produced as the second edition. It was then launched at the 2014 Ninth Australasian Viral Hepatitis Conference in Alice Springs.

Australia's second national strategy for hepatitis B reiterates the key role of primary care practitioners in the diagnosis, care and management of people living with chronic hepatitis B. B Positive provides a comprehensive summary of current knowledge and practice. It is intended to be used as a resource by health professionals who require information to direct management or answer questions from individuals living with chronic hepatitis B.

To ensure the text would be a practical guide for end-users, a primary care practitioner focus group was convened to review and recommend changes to the resource. Feedback from this process was used to inform the final editorial process with a general practitioner also joining the editorial team.

Profession Based Booklets

ASHM has added to its suite of 14 profession specific resources on blood-borne viruses. The 2014-2015 year saw the publication of the first booklet for Interpreters and Translators; *Blood-Borne Viruses: A Resource for Professional Interpreters and Translators*.

Four booklets were revised, updated and re-printed: *Antenatal Testing and Blood-Borne Viruses; General Practitioners and HIV; Police and Blood Borne Viruses; Pharmacy and Hepatitis C*.

All the profession-based booklets are widely distributed and feedback from the target groups is positive.

Table 7: ASHM Profession Based Booklets	First printed	Print 2014-15	Download 2014-15	Total 2014-15
Aboriginal and Torres Strait Islander Health Workers and Blood-borne Viruses	2013	762	157	919
Aged Care Workers and HIV and Ageing	2014	2,167	420	2,587
Antenatal testing and Blood-borne Viruses (BBVs)	2011	1,354	383	1,737
Blood-Borne Viruses: a Resource for Professional Interpreters and Translators	2015	554	121	675
Correctional Officers and Blood-borne Viruses	2013	1,010	227	1,237
Dental and Orofacial Health and Hepatitis C	2012	472	179	651
Dentists and HIV	2011	310	255	565
Emergency Service Providers and Blood-Borne Viruses	2012	239	127	366
General Practitioners and Hepatitis C	2012	406	245	651
General Practitioners and HIV	2009, 2011, 2015	909	1,147	2,056
Hepatitis B and Primary Care Providers	2012	1,477	398	1,875
Nurses and Hepatitis C	2012	461	231	692
Pharmacy and Hepatitis C	2010, 2014	323	302	625
Police and Blood-borne Viruses	2011, 2015	293	200	493
Totals		10,737	4,392	15,129

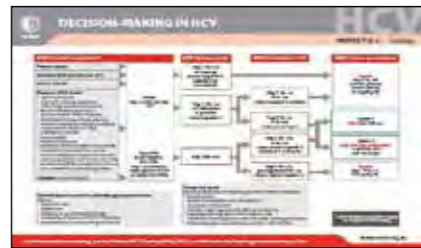
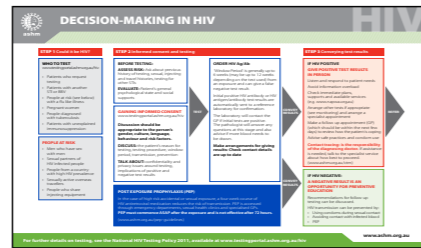
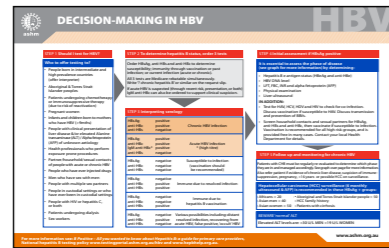
Decision Making Guides

These double-sided testing, management and treatment support tools for primary care remain extremely popular with over 5000 distributed in this financial year. They depict the staging of each virus, preferred tests and interpretations, treatment and monitoring indicators and conveying test results.

They remain popular with the target groups. The Decision Making in Hepatitis C was updated in 2014 and during the first half of 2015 to reflect the rapid changes to treatment medications.

Table 8: ASHM Decision Making Guide Distribution

	Hardcopy	Download	Total
Decision Making in HBV (version 2)	2,533	185	2,718
Decision Making in HCV	504	392	896
Decision Making in HIV	1,457	281	1,485
Totals	4,494	858	5,352



STI Guidelines

After more than two years in the making, the first Australian guidelines for sexually transmissible infections (STI) for use by primary care professionals were launched in October 2014 and are available at www.sti.guidelines.org.au. The Australian STI Management Guidelines for Use in Primary Care provides GPs, nurses, and other primary care health workers with clear, concise and convenient access to information on the management of STIs by condition, symptoms and syndromes, and populations and situations.

The Guidelines were overseen by the Australasian Sexual Health Alliance (ASHA) and acknowledged as an Accepted Clinical Resource by the Royal Australian College of General Practitioners (RACGP). Endorsement has been provided by the Royal Australian College of Physicians (RACP); the Australian Society for Infectious Diseases (ASID); the Australian Indigenous Doctors' Association (AIDA); the Australian Primary Health Care Nurses Association (APNA); the Australian College of Nurse Practitioners (ACNP); the Australian College of Rural and Remote Medicine (ACRRM); the Sexual Health Society of Victoria (SHSoV); the Society of Australian Sexologists (SAS); the Sexual Health Society of Queensland (SHSoQ); New Zealand Sexual Health Society (NZSHS); Family Planning Alliance Australia (FPAA); and the Australasian Sexual Health and HIV Nurses Association (ASHHNA).





Antiretroviral Guidelines

The Australian Commentary of the Antiretroviral Guidelines and Clinical Guidance website: <http://arv.ashm.org.au/> is overseen by ASHM's Sub-Committee for Guidance on HIV Management. That Sub-Committee is currently reviewing the 2015 USA Department of Health and Human Services (DHHS) Guidelines on the use of antiretroviral drugs for the treatment of HIV. The Sub-Committee will update its Australian commentary to ensure its relevance in the Australian context, paying particular attention to the "when to start" and "what to start" sections which have seen considerable change. With the early release of interim results from the START (Strategic Timing of Antiretroviral Treatment) study on 28 May 2015, the Committee is looking at the new evidence on when to start antiretroviral treatment. The full study results will be presented at the IAS conference in Vancouver in July and the clinical guidance on when to start antiretroviral therapy will be updated accordingly.

The ARVG website will be updated following Committee deliberation on the above, as it continues to provide the latest Australian commentary in a searchable and interactive format. The website assists clinicians in decisions around when to start treatment, preferred drug combinations for initiating treatment (two separate comparison tables are included on the website), and other key clinical indicators.

Testing Portal

The ASHM testing portal is a one stop shop for information about testing for HIV, hepatitis B and hepatitis C. It contains the National Testing Policies for all three disease areas as well as information about HIV point of care testing. The HIV National Testing Policy is in the process of attaining Commonwealth endorsement and both the hepatitis B and hepatitis C testing policies are up for review in the 2015/16 financial year.

Legal website

The ASHM Guide to Australian HIV Laws and Policies for Healthcare Professionals remains one of our most popular resources. It was updated during this financial year and moved onto a more advanced and user-friendly web format to improve its utility. It is slated to be redesigned over the next financial year to make the information more easily searchable.



Online Resources

Online learning & webinars

ASHM has developed a range of online learning and webinars to support the HIV, viral hepatitis and STI workforce. We have built in-house capacity to both develop and update online learning to ensure evidence-based, timely education reaches the widest range of target audience, regardless of geographic location. The ASHM learning management system enables us to track participation and award continuing professional development points from relevant professional organisations and the ASHM Prescriber Programs.

In this reporting period the following online learning has been developed and/or updated:

Gay Friendly GP Online Learning Module -

This module aims to inform health professionals about the diversity within the LGBTI community and to reduce stigma and discrimination, particularly for gay men and men who have sex with men, by ensuring their specific health needs are being met.

Hepatitis C sIOO Prescriber Course -

The first day of this course has been transformed into a three-hour interactive online learning activity, split into six modules of thirty minutes each to be completed at the convenience of participants, prior to the face-to-face workshop.

Diagnosing and managing HCV in Drug and Alcohol Practice -

This consists of three smaller modules built around a case scenario typically found in the drug and alcohol setting. The first case introduces testing and diagnosis; the second, assessing the need for treatment whilst managing comorbidities; and the third focuses on identifying advanced liver disease, treatment pathways, monitoring and treatment outcomes.

Preventing liver cancer through diagnosis and management of hepatitis B -

This four-part activity discusses the role general practitioners can play in the diagnosis and management of hepatitis B, highlighting the link between hepatitis B and liver cancer.

In pursuit of perfectovir – HCV talks for the new era - Five videos presented by leading clinicians in the sector addressing current issues in hepatitis C management.

Managing Aboriginal and Torres Strait Islander clients with hepatitis B and C -

This online module discusses the management of hepatitis B and C in Aboriginal and Torres Strait Islander patients.

Online learning & webinars

Table 9: Webinar usage, attendance in person, online live or accessed after the event.

Webinars	Number held	Attend in person	Attend on-line live	Post-live viewing	Total Participants
HIV Webinars	3	17	37	9	63
HBV Webinars	2	14	21	2	37
HCV Webinars	3	6	126	135	267
Totals	8	37	184	146	367

Table 10: Distribution of resources and mode of access

	2012-2013	2013-2014	2014-2015
Web Download (PDF)	41,507	24,845	17,636*
Printed Resources Distributed	34,780	46,197	28,284
Web access only	41,043	50,367	90,334
Totals	117,330	121,409	135,981

*A number of resources are now also available via searchable sub-websites, rather than PDF download or print copies. These include *HIV Management in Australasia* (web only); *B Positive - all you wanted to know about hepatitis B: a guide for primary care providers* (print and web); *Guide to Australian HIV Laws and Policies for Healthcare Professionals* (web only); *Australasian contact tracing manual* (Print, download and web); *Australian STI Management Guidelines for Use in Primary Care* (web only); *Australian Commentary of the Antiretroviral Guidelines and Clinical Guidance* (web only); and the testing portal (web only).

This means we are seeing fewer PDF downloads and print copies distributed than previously.

Policy



Hepatitis B treatment initiation and dispensing

In 2014, ASHM made a submission to the Pharmaceutical Benefits Advisory Committee (PBAC) in which we sought approval to implement a hepatitis B community prescribing program for accredited primary care providers to be able to initiate Section 100 drugs for the treatment of chronic hepatitis B. The submission was supported by letters from general practitioners involved in the hepatitis B maintenance prescriber program.

In 2015, the PBAC recommended approval of this program. This was the culmination of several years' work by ASHM. From the 1 July 2015, changes to the PBS allow:

- Initiation of hepatitis B treatment by Hepatitis B s100 Community Prescribers, and Trained and Accredited Hepatitis B s100 Community Prescribers authorised under state and territory arrangements to prescribe hepatitis B medicines, will be eligible to write initiation and maintenance prescriptions for their patients.
- Community pharmacy dispensing of hepatitis B drugs regardless of whether the prescription was written in a hospital or community setting.

ASHM welcomes these exciting changes which should improve access to care and treatment for people living with chronic hepatitis B.

The Silent Disease: Inquiry into Hepatitis C in Australia

On 2 December 2014, the then Minister for Health, the Hon Peter Dutton MP, announced an Inquiry into Hepatitis C in Australia (the inquiry) by the House of Representatives Standing Committee on Health. Five public hearings were held and the Committee received 110 submissions and 16 exhibits from a wide range of individuals and organisations. ASHM appeared as a witness at the Sydney public hearing and lodged a submission.

ASHM welcomed the Parliamentary inquiry as a timely and necessary review of the existing knowledge base, resources and needs around hepatitis C at a national level, particularly with the availability of new hepatitis C treatments on the horizon. ASHM advocated that it is vital the number of health care practitioners able to diagnose, manage and prescribe treatment for hepatitis C is significantly increased, particularly at the primary care level where the affected community is more likely to present. This includes Aboriginal Medical Services, Alcohol and other Drug Services, mental health facilities, Needle and Syringe Programs, youth services, prisons and general practice. We also advocated for the removal of administrative blocks at the federal level to support the growth of multiple pathways to care and treatment for hepatitis C.

HIV Pre Exposure Prophylaxis

One of the major policy issues for this year has been the continued flow of evidence supporting the use and efficacy of HIV Pre Exposure Prophylaxis. Critically, PrEP is not licenced for use in Australia; drugs are only available for treatment of HIV infection, not prevention. At the same time as positive data has been coming forward, so has increasing information to suggest that Australians are accessing PrEP via the internet and through the **Personal Importation Scheme**, a scheme within the **Therapeutic Goods Administration (TGA)**, which allows people to import unlicensed drugs for personal use. The Scheme requires that the importing patient has a valid prescription. ASHM took the decision in February to send a communique to clinicians providing them with information about how this Scheme operates.

At the same time, we released a **National PrEP Guideline** and an **ASHM PrEP Position Statement**. The statement makes it clear that ASHM's preferred position is that PrEP medication is evaluated for use in Australia and subject to the standard quality and performance scrutiny of the TGA. At the same time, we have taken a pragmatic approach and provided clinicians with guidelines about supervising a patient on PrEP and about how the TGA's **Personal Importation Scheme works**.

Overview of Policy Responses

One of the important ways that ASHM provides leadership is through the development of policy and coordination of policy across the sector.

Sometimes this is done by taking a leadership role in the development of a response; at other times, it is done by promulgating a call for submissions to members or sub-sets of the sector, and inviting people to develop their own submissions and responses.

Table 11: Significant policy submissions or presentations

Letter to Attorney General, Legal Aid Commission and Police Union re: BBV transmission and spitting (Disease Testing Orders)
Endorsement of 'The Hepatitis B Story' Clinical and Patient resources
Input into draft Australian Health Practitioner Regulation Agency (AHPRA) guidelines on infected healthcare workers
Letter for Tasmania re need for additional sexual health specialist at Sexual Health Service
Contribution to Blood Borne Virus and Sexually Transmissible Infection Sub-Committee(BBVSS) implementation meeting—priority areas for national strategy
Request for immigration information for client
Request for endorsement of the STI & scabies online module developed by Remote Area Health Corps, for NT
Submission to Pharmaceutical Benefits Advisory Committee (PBAC) regarding HBV prescribing and dispensing
Human Rights and Viral Hepatitis Conference Session
Communication with Federal Minister about community dispensing of Hep B treatments
Submission to Australian Health Practitioner Regulation Agency (AHPRA) regarding National Guidelines on Infected Health Care Workers
Possible Medical Services Advisory Committee (MSAC) Application for High Resolution Anoscopy Service
Immigration and HIV: Ongoing work following removal of Australia from UNAIDS list
Request to facilitate the 'Enabling Environments' session of the Australian Federation of AIDS Organisations (AFAO) forum
Feedback into the Commonwealth Draft Implementation Plan
Feed into review by Red Cross of IDU blood donations
Review of Therapeutic Goods Administration (TGA) and Medicines and Medical Devices Regulation

Table 11: Significant policy submissions or presentations

Feedback into the NSW STI Plan 2014-2018 Draft
Feedback on the Communicable Diseases Network Australia (CDNA) Discussion paper around infected healthcare worker guidelines
Position statement on universal access
Parliamentary inquiry on Hep C management
Rule 3 Exemption for HIV and STI pathology
Feedback on review of NSW Sexually Transmissible Infections Programs Unit (STIPU) STI Testing Tool
Feedback on Therapeutic Goods Administration (TGA) Point of Care Devices
Input into market sounding for nurse-led models in QLD
Internal Policy External courses, materials and websites displayed on ASHM website
Nurse prescribing for s100 medicines
ASHM input into WA Dept of Health STI and BBV Strategies Consultation
ASHM input into HIV Consultation Workshop in Victoria - an activity suggested by the HIV Working Group reporting to Departmental Advisory Committee on Blood Borne Viruses (DACBBV)
ASHM's support requested to provide resources for Family Planning Tasmania (FPT) training on STIs to be delivered in Tasmania

Table 11: Significant policy submissions or presentations

Request for ASHM position on whether nurses in general practice can provide HIV negative results to patients
Feedback to ACT HIV Strategy
Request for information on nurse-led models of BBV/STI care in Australia and areas of advocacy currently in focus, for discussion in Sexual Health Network in North East VIC
Attendance at WA STI/BBV quarterly forum
Involvement in Gonorrhoea resistance national workshop - run by Christine Selbey, NSW Health
PrEP Regulatory Activities Talk- AFAO National Forum
Feedback on the need to review National Guidelines on those who have HIV and put others at risk
Feedback on VIC consultation about new Public Health and Wellbeing Plan
Request for letter to AG, Legal Aid Commission and Police Union re: BBV transmission and spitting (Disease Testing Orders)
Agency for Clinical Innovation Hepatitis C Model of Care document consultation
Fibrosan Medical Services Advisory Committee Application consultation
Statement of support for new hepatitis C treatments – Pharmaceutical Benefits Advisory Committee
New content on hepatitis C virus for the Guidelines for Preventive Activities in General Practice (the Red Book)





Table 12: ASHM Collaborating Research Projects

NSW Strategy Evaluation, Partnership Grant	Kirby/NHMRC
Strengthening Community Responses to Hepatitis B	ARCSHS/ ARC Linkage
HealthMap	Alfred/NHMRC
Treatment as Prevention	CSRH

ASHM continues to support research in a number of ways; we collaborate directly (financially or in-kind) to proposals and are represented as an investigator on a number of funded programs.

We often support research through inviting members or groups of members and sector partners to collaborate in research.

ASHM also contributes to the dissemination of knowledge through collaborations on the production of research papers and journal articles and through the delivery of invited lectures and papers.

Conference, Sponsorship & Events



The Conference, Sponsorship & Events Division has had another incredibly busy and successful year, starting with a number of key collaborations around the International AIDS Conference in Melbourne in July 2014. ASHM ran three key events affiliated to the International AIDS Conference (AIDS 2014) being the International Indigenous Pre-Conference on HIV&AIDS; the International HIV/Viral Hepatitis Co-Infection Satellite Meeting, and; the ASHM Leadership Course.

The events added to and drew from the AIDS2014 Conference to enable people to get more specific educational content around these topics.

The International Indigenous Pre-Conference on HIV&AIDS was an International Indigenous Working Group on HIV & AIDS (IIWGHA) event hosted by Australian Aboriginal and Torres Strait Islander Organising Committee and funded and supported by the NSW Ministry of Health and the Government of Canada.

The International HIV/Viral Hepatitis Co-Infection Satellite Meeting was hosted by the Australasian Society for HIV Medicine (ASHM) and supported by the Kirby Institute, the European AIDS Clinical Society (EACS) and the France Recherche Nord & sud Sida-hiv Hepatites (ARNS).

We also support research and the promulgation of research finding through supporting other agencies and organisations to manage their scientific meetings and through the ASHM conferences.

Table 13: Activities/Conferences Managed by ASHM Conference Division

Department of Foreign Affairs and Trade Australian Awards Fellowships AAF Scholarships & Leadership and Mentoring Program	14 – 27 July	Melbourne & Sydney
Department of Health Scholarships for the International AIDS Conference 2014	20 – 25 July	Melbourne
International Indigenous Pre-Conference on HIV&AIDS	17-19 July	Sydney
International HIV/Viral Hepatitis Co-Infection Satellite	18-19 July	Melbourne
Zoonotic Diseases Conference	25-26 July	Brisbane
Kirby Institute, NDARC-CSRH Postgrad Symposium (abstracts only)	29 August	Sydney
World Indigenous People's Conference on Viral Hepatitis	14-16 Sept	Alice Springs
9th Australasian Viral Hepatitis Conference	17-19 Sept	Alice Springs
2014 Australasian Sexual Health Conference	9-11 October	Sydney
Violence Prevention –Everybody's Business (partial service)	7 –9 October	Bendigo
2015 Australasian Society for Infectious Diseases Conference	18-21 March	Auckland
New Zealand HIV Update	8 May	Auckland
HIV & the Body	8-9 May	Sydney

This year the Division restructured to incorporate all of the logistics work of the ASHM educational courses (see table 3). This change is beneficial to the organisation for a number of reasons: the logistics being managed by a team that specialises in this work allows for an increase in efficiencies; better management of workload across teams; budget savings to projects with negotiated savings across a range of activities. It also means the Conference, Sponsorship & Events Division is more fully integrated into the overall work and funding of the organisation.

In May 2015, ASHM Conference, Sponsorship & Events Division won the annual In-House Meeting Manager award at the National Meeting Industry Australia Awards, for the second year in a row. The Division also took out the Corporate Social Responsibility award for In-House Meeting members and the Education Award for In-House Meeting members.



Those of you who have worked with the ASHM Conference, Sponsorship & Events Division as a client, as a member of a committee or as a conference presenter or attendee, know how dedicated, committed and professional the team is. ASHM took its conference organizing in-house in 2002. It did this initially to better serve ASHM with its annual conferences, but ASHM soon extended its services to others in the sector. We did this as one way to help support like-minded organisations and to put our objectives to support the HIV, viral hepatitis and sexual health sector into action. The Conference, Sponsorship & Events Division is committed to realising this commitment and these awards attest to that commitment.

The Division has also changed the way we report income. In the past, conference income was reported in the year it was received. On the advice of our accountants, we have changed this so that now income is reported in the financial year that the conference takes place. You will notice when you review the financial report that this results is an apparent loss this year, but that income will come back into the accounts next year. A similar approach was taken with the Scholarship Program funds, so although we can report this year on how the funds were allocated, the actual financials associated with the majority of that program will not appear in the accounts until next year.

ASHM Scholarship Program

ASHM Conference, Sponsorship & Events Division administered a Domestic Scholarship Program funded by the Commonwealth Department of Health. This program funded around 180 people from priority populations to attend the AIDS2014 Conference in Melbourne.

ASHM instituted its own scholarship program in 2014 with financial support from industry. These scholarships are awarded on the basis of a set of published criteria and applications are reviewed by an independent Scholarship Committee. The program commenced when four clinicians were supported to attend the annual Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle in 2015. Subsequently, we have been able to allocate a further 32 scholarships. The program is currently supported by Viiv Health Care and Gilead Sciences and we are looking for funding for additional meetings in the coming year. We will also use this program to facilitate non-commercial sponsorships. Details of the policy and procedures for the program can be found on the website.

Table 14: Conferences supported by Scholarship

Conferences supported by Scholarship	Scholars supported
CROI Seattle 2015	4
International AIDS Society Conference Vancouver 2015	8
Australasian HIV & AIDS Conference 2015 (Medical)	12
Australasian HIV & AIDS Conference 2015	7
European AIDS Clinical Society (EACS) Conference Barcelona	5
Total Scholarship awarded	36

Scholarship holders are required to blog from the conferences they attend and may also be required to participate in other report back sessions. The blogging has been very well received, and is popular with readers not attending those meetings.

Table 15: Blog hits by topics for CROI 2015

Topic	# Hits
Role of resistance testing in the current treatment environment CDC Workshop	793
PrEP Essential viewing for clinicians, policy makers and potential users	494
Plenary; PrEP for HIV: What we know and what we need to know for implementation	3970
CROI opens with Hepatitis C	362
Advancing HIV prevention: Biology, Medicine and Law	675
Hepatitis C: Warehousing a very risky business f or co-infected	844
Pathogenesis of HIV complications – HIV related morbidity	671
The Clinical Pharmacology of HIV Prevention	262
Anal screening on HIV positive women	802
Morbidity, African Female Sex Workers, Cervical Screening in South Africa	1621
PrEP pharmacology	114
Levonorgestrel implants and efavirenz	232
Ebola: responding to the challenge	1040
HCV Frontiers and Controversies	859
Hep C (and HIV Co-infection) Essential Update for GPs	358
HIV Pre-exposure Prophylaxis (PrEP) – 2 dosing regimen options for high risk MSM	630
Serosorting and Seroadaptive Behaviours as HIV Prevention	745
Hepatitis C – Lessons Learned from Australia	759
Preventing HIV and HSV 2: What will it take?	587
Hormonal Contraceptives: Enduring Controversy	608
Cancers in Young and Old and Cancers in HIV	423
CVD in HIV Patients: An Emerging Paradigm and Call to Action Plenary	1262
Cardiovascular, Bone and Kidney Health – Oral Abstracts	842
PEP: Remember me?	718
TOTAL HITS	19,671

International Program



ASHM has worked collaboratively with HIV and sexual health professional societies, associations and organisations in our region since 2000. The International Division is made up of an International Division Manager (Scott McGill); two contributing senior advisors (Edward Reis and David Fowler who also provide strategic support to other divisions in ASHM and across the organisation more generally); two program managers (Duc Nguyen who has been supporting the Viet Nam and Indonesia programs and Michelle O'Connor supporting the Pacific Programme) and two senior project officers (Hayden Jose supporting the Timor Leste programme and Rebecca Brown supporting PNG programmes).

Staff work variously full and part time and also support new business development and strategic priorities for ASHM. With changes to the funding landscape (see below) the team have been working to secure new projects in additional countries of interest in new technical areas (for example, Integrated Biological and Behavioural Surveillance (IBBS) in Timor Leste and Surveys of Sexual and Reproductive Health Needs in Youth in Viet Nam). This will be a core focus of our portfolio growth directions over the coming year.

It is a core pillar of ASHM objectives to work with fellow professionals who share similar goals, and to provide support where this is wanted. A core focus of ASHM's work in the International Division has been to support these groups. Our Department of Foreign Affairs and Trade (DFAT) funded program has resourced these activities since July 2008 and also dictated where the majority of our activities were focused, predominantly to AUSAID priority recipient countries. With the announcement that DFAT would not continue funding for the Regional HIV Capacity Building Program beyond the 2014-2015 year, we have had to seriously rethink our approach. The Board made a strategic decision, albeit within a restricted fiscal environment, to continue to support the International Division until the end of the 2015 calendar year, to allow the Division, under the direction of Scott McGill, who joined in January 2015, to secure on-going funding. One of the approaches being taken is to significantly expand our outreach to and collaboration with regional professional societies in all Asian and Pacific countries, not just developing and resource limited countries. We are also seeking to establish relationships with sexual health and viral hepatitis organisations regionally, building on our existing relationships with the International Union on Sexually Transmitted Infections-Asia Pacific (IUSTI), and the Committee to Eradicate Viral Hepatitis in Asia and the Pacific (CEVHAP) and the ASHM Leadership and Mentoring program, conducted alongside the AIDS2014 Conference in Melbourne.

ASHM International Advisory Board

In this past year, the ASHM Board appointed an International Advisory Board (IAB) to provide advice and assistance to the International Division and the Society more generally. The IAB is co-chaired by Prof Sharon Lewin (former ASHM President, Director of the Doherty Institute and Co-chair of the 2014 World AIDS Conference), Prof Chris Beyrer (President of the International AIDS Society) and A/Prof Mark Boyd, President of ASHM.

The IAB purpose is to provide advice to the International

TABLE 16: Membership ASHM International Advisory Board

Function	Member	Lead area/focus	Country
Co-Chair	Prof Sharon Lewin, Doherty Institute, Melbourne	Research/Clinical	Australia
Co-Chair	Prof Chris Beyrer, Johns Hopkins University, Baltimore	Epidemiology	USA
Co-Chair	Prof Mark Boyd (President, ASHM) Kirby Institute, University of NSW	Clinical	Australia
Member	Prof Warwick Anderson (Ret) Former Head NHMRC	NHMRC	France
Member	Prof Bernie Branson, Consultant Scientific Affairs Formerly CDC HIV Testing Program	Testing	USA
Member	Prof David Cooper, Head, The Kirby Institute, University of NSW	Research/Clinical	Australia
Member	Prof Samsuridjal Djauzi, University of Indonesia; Indonesian Association of Physicians in AIDS Care	Clinician Hepatitis/HIV	Indonesia
Member	Prof Greg Dore, Viral Hepatitis Program, Kirby Institute	Viral Hepatitis	
Member	Dr Alec Ekeroma, Former President Pacific Society for Reproductive Health	Sexual & Reproductive Health	Pacific/NZ
Member	Prof Margaret Hellard, Population Health, Burnet Institute & Monash University	Harm Minimisation	Australia
Member	Prof Adeeba Kamarulzaman, University of Malaya, Kuala Lumpur	Clinical	Malaysia
Member	Dr Nguyen Van Kinh, President Vietnamese Clinical HIV/AIDS Society	Clinician	Vietnam
Member	Dr Katherine Lepani, College of Asia and the Pacific, ANU	Social research	PNG/Australia
Member	Prof David Lewis, Director Western Sydney Sexual health Centre, U Sydney	STI	Australia/SA
Member	Steve Loccarnini CEVHAP	Hepatitis B	Australia/Regional
Member	Annmarie O'Keefe, Lowey Institute (former Australian HIV Ambassador)	Development	Australia
Member	Dr Kiat Ruxrungthan Thai Red Cross and HIVNAT	Research/Clinical	Thailand
Member	Dr Annette Sohn, amfAR	Treat Asia	Thailand
Member (ASHM Board)	A/Prof Ben Cowie VIDRL/Doherty and Head of the WHO Collaborating Centre on viral hepatitis	Epidemiology/Clinical and ASHM Board	Australia
Community Member	TBC	Community Representative	Asia & Pacific Regions
Business Member	Joerg Boeckeler, Intercontinental Hotel Group, Sydney	Business	Australia/International
Executive Member	Adjunct A/Prof Levinia Crooks, CEO ASHM La Trobe University	Executive	Australia
Secretariat	Scott McGill	ASHM International Division	Australia

First Assembly of the Regional Societies Network

Asia Pacific Regional Societies Network

The APRSN quarterly newsletter

DFAT Regional HIV Capacity Building Program (2012-2015)



The first Assembly of the Regional Societies Network will be held in Bangkok in January 2016. The Assembly will consider an agenda for regional collaborations, as well as explore and share the successes which have been experienced regionally as a result of the work of professional organisations in collaboration, particularly through the Asia and Pacific Regional HIV Professional Societies Network (APRSN) established by ASHM in 2008. That agenda will include treatment guidelines, standards of care, professional workforce development and training and contributions to policy. The meeting will also address issues of governance, management and organisational structure in agencies responsible for supporting and delivering workforce and professional development. A program for subsequent meetings and communications will be established.

Prior to the AIDS2014 Conference in Melbourne, ASHM organised a regional meeting for the Asia and Pacific Regional Professional Society Network (APRSN). The first part of the meeting reviewed activities of and collaborations between APRSN members in the last year. The second part of the meeting opened discussion on the benefits of HIV and sexual health professional societies and the APRSN to colleagues from across the regions.

The meeting also allowed partners to explore potential collaborations and partnerships.

The APRSN quarterly Newsletter was launched at the AIDS2014 Conference in Melbourne Australia, in July this year and 2014 also marked expansion of APRSN's membership. APRSN is pleased to welcome its new members to the Network: the AIDS Society of the Philippines (ASP) and Angsamerah Institution in Indonesia. Key members of ASP and Angsamerah Institution travelled to Australia in July, where they met with ASHM to discuss APRSN membership. They then attended the AIDS2014 Conference and an associated APRSN meeting, where they met with colleagues from other member societies across Asia and the Pacific.



Attendants at the July 2014 APRSN meeting; a good chance for participants to share and learn from one another

The DFAT Regional HIV Capacity Building Program, which has supported ASHM's regional collaborations and programs since 2012, was due to conclude on June 30, 2015. Discussions occurred between DFAT, the Program Coordinating Committee and ASHM about the funding of a new Program in its stead. Regrettably, no new program focused solely on supporting HIV and related issues in Asia and the Pacific is in place and the Regional HIV Capacity Building Program has been terminated following the most recent cuts to the DFAT aid and development program. In its most recent iteration, the Program funded 12 projects which were implemented by seven Australian and one regional HIV organisation as outlined in Table S below. The program replaced the HIV Consortium for Partnerships in Asia and the Pacific (2008-2012).

TABLE 17: Recipients of DFAT Regional Capacity Building Program funding, 2014-15

Implementing agency	Regional project/s
Australian Federation of AIDS Organisations (AFAO)	<ul style="list-style-type: none"> Community Advocacy Initiative MSM and Transgender Networks Capacity Strengthening Initiative
Australian Injecting & Illicit Drug Users League (AIVL)	<ul style="list-style-type: none"> Supporting the Asian National Drug User Programs (StANDUP) Project
Asia Pacific Network of People Living with HIV (APN+)	<ul style="list-style-type: none"> MSM and Transgender Networks Capacity Strengthening Initiative Positive Capacity Building Initiative
ASHM	<ul style="list-style-type: none"> Indonesia HIV Health Care Capacity Development Pacific HIV and STI Health Care Capacity Development Vietnam HIV Health Care Capacity Development
National Serology Reference Laboratory (NRL)	<ul style="list-style-type: none"> Establishment of Laboratory Quality Systems in Myanmar
Scarlet Alliance, Australian Sex Workers Association	<ul style="list-style-type: none"> Sex Worker Organisations Collaboration for Strengthened Advocacy and Partnerships
The Albion Centre	<ul style="list-style-type: none"> Pacific Sexual health and HIV Health Care Worker Support Project
The Kirby Institute	<ul style="list-style-type: none"> Strengthening clinical and epidemiological HIV research capacity

ASHM programs in Indonesia



Throughout 2014-2015, ASHM's long partnership with the Indonesian Medical Association (IDI) has grown to include collaborations with other important partners. These include AIDS Care Doctors Association of Indonesia (PDAPI), Indonesian Association for Study of the Liver (PPHI) and Angsamerah Institution. Together, these collaborations have contributed to ongoing implementation and refinement of Indonesian national HIV/AIDS and hepatitis strategies. They have also delivered increased training and technical skills development in areas of HIV and drug addiction, viral hepatitis and HIV co-infection and HIV treatment and care in prison settings.

One of the key achievements this year has been inclusion of the Indonesian Guide for Clinical Management of HIV and Viral Hepatitis Co-infection, in national hepatitis guidelines and programs. During the first half of 2015, ASHM's leading partner in Indonesian viral hepatitis programs, PPHI, provided HIV and Viral Hepatitis Co-infection training for 150 healthcare workers.

ASHM's Indonesia program has continued to strengthen HIV diagnosis and management capacity in prison health services. The well-established program in Salemba prison now actively supports a new HIV program in Pemuda prison. Most significantly, this year the ASHM-IDI HIV prison program was recognised at the highest level of government. The achievements of the Salemba Prison HIV Program have been included in the National Health Care Model for Better Clinical HIV Services in Prison Settings by the Directorate General of Corrections of Justice and Human Rights Ministry (Ditjenpas).

Further, Indonesian Ministry of Health (MoH) HIV Sub-Directorate allocated funding for additional publication and distribution of the clinical handbook, 'Inikah HIV?'. This Indonesian edition of 'Is it HIV?' was a collaborative project between ASHM, IDI and other partners. The Ministry of Health will use this resource as part of the implementation of the UNAIDS and MoH National Strategic Use of ARV Program.

ASHM's collaboration with Angsamerah Institution has produced an HIV training and support program for doctors in the private healthcare sector. This has been a long term goal in Indonesia, where many people use private health services for sexual health and related illnesses. This program has been very successful and demand for ongoing programs and support is high. The achievements made during this year, and their recognition by the Indonesian government and IDI members, are testament to the initiatives and efforts of our partners and colleagues in Indonesia.

ASHM programs in Vietnam



ASHM has continued to support Vietnam Clinical HIV/AIDS Society (VCHAS) to strengthen its role in the Vietnam national HIV response and programs. A VCHAS pilot initiative, aimed at strengthening the national technical assistance and mentoring network conducted over the last two years has recently been recognised by the Vietnam Authority for HIV/AIDS Control (VAAC) and MoH as an integral component of the national HIV response. VAAC and the MoH have requested VCHAS to finalise the National Guidelines for HIV/AIDS Clinical Technical Assistance in collaboration with the MoH and sector partners, and facilitate the application of the model within the government health care system.

VCHAS continues to make contributions to national HIV policy and strategies. In 2014-2015, the Board and senior members of VCHAS were invited to lead the updating of National Guidelines and procedures for diagnosis and treatment of HIV/AIDS and care and treatment and quality assurance protocols for CD4 testing.

VCHAS successfully organised its third National Conference on Infectious Diseases and HIV/AIDS in September 2014 and is now preparing for the fourth such conference in September 2015. An independent evaluation of the ASHM-VCHAS collaboration Project determined that this Conference has become an important scientific event in facilitating professional development and skills mastery in HIV medicine and providing support for the establishment of formal links between HIV care providers to collaborate on initiatives to support the HIV response across the country.

Throughout the year, VCHAS has continued to establish itself as a credible resource for information, guidance and support to its members and other people who are seeking advice on clinical HIV management in Vietnam. The independent evaluation report also noted that the publication and distribution of HIV la gi? (the Vietnamese version of 'Is It HIV?' handbook), Journal on HIV and Infectious Diseases, and decision-making reference Guide on HIV-HBV/HCV Co-infection, Diagnosis and Management are making contributions to early detection of HIV infection and related conditions at primary care level and improved capacity for HIV diagnosis among healthcare workers in provincial and district HIV clinics.

In early 2015, the Ministry of Public Security requested from VCHAS 200 copies of HIV la gi? for distribution and evaluation in prison settings. By April 2015, eight editions of the Journal on HIV and Infectious Diseases had been published and distributed through VCHAS and networks of collaborating partners. The independent evaluation of the ASHM-VCHAS program, conducted this year, found that "Production of these sorts of resources in Vietnamese language increases opportunities for clinicians with limited English proficiency to have better access to up-to-date information in HIV medicine." (Vietnam HIV Health Care Capacity Development Project 2012 – 2015 Final Evaluation Report. March 2015)

ASHM Programs in the Pacific

Pasifika Training of Trainers Program

The Pasifika Training of Trainers Program has continued this year, with seven participants from Fiji, Solomon Islands, Vanuatu and the Republic of Marshall Islands attending the HIV Prescribers Course and Clinical Attachment in Mendi, Papua New Guinea. This training gave participants access to high HIV caseloads—something, which is not possible in other Pacific Island countries, due to low numbers of HIV cases. ASHM clinical mentors provided follow-up mentoring visits in Fiji, Vanuatu and Solomon Islands. During these visits, mentors met with the health care workers who attended the Mendi training, provided additional training and reviewed complicated HIV cases. Participants in this program have evaluated it highly, with particular appreciation for the knowledge and skills applied in the PNG clinics and their application upon returning home. This program demonstrates the significant benefits gained from the 'south-south' collaboration between the Oceania Society for Sexual Health and HIV Medicine (OSSHHM) and the PNG Sexual Health Society.

Evolving Models in Sexual Health, STI and HIV Medicine in Primary Care Settings in the Pacific

ASHM has been collaborating with our primary Pacific partner, OSSHHM, to develop a four-day symposium to be held in Suva, Fiji in July 2015. This symposium will consist of two days of conference presentations—July 3 and 4—and a two-day training short-course on July 6 and 7.

Evolving Models in Sexual Health, STI and HIV Medicine in Primary Care Settings in the Pacific is the theme of both the OSSHHM conference and the short course. Primary health care providers in OSSHHM member countries are the chief target audience for this symposium, as well as allied health care professionals and general practitioners. The conference program will cover both clinical and programmatic issues which affect health care providers and HIV in Pacific countries. It is planned for the President of Fiji to open this symposium. OSSHHM will also conduct its Annual General Meeting and Board elections during this event.

ASHM is also collaborating with OSSHHM to revise and update their HIV and Sexual Health Recommendations for Pacific Island Countries and Territories. This updated resource is expected to be launched by September 2015.

This year, ASHM was contracted to conduct a consultancy for the Secretariat of the Pacific Community (SPC), for the Pacific Sexual Health and Wellbeing Shared Agenda 2015-2019. SPC indicated in April that they would like ASHM to undertake a second phase of the implementation plan development.

Due to the end of the Australian government's Regional HIV Capacity Building Program, ASHM's current program with OSSHHM will regrettably conclude in 2015. We are actively engaged in discussions with OSSHHM about how best our two organisations can continue to collaborate and work together. ASHM has engaged with the Pacific Society for Reproductive Health (PSRH) and has encouraged OSSHHM to pursue partnerships with PRSH and others, so as to align the Society with the Pacific focus on integration of HIV and STI with related services, reduce their activity costs and increase their membership.

In conclusion, despite the end of the Australian government's Regional HIV Capacity Building Program funding for activities in the Pacific, ASHM collaborations with OSSHHM and other Pacific organisations have been significant and contributed to supporting HIV and related health capacity in Pacific island countries and territories. ASHM is actively seeking further funding opportunities to continue and consolidate these achievements.

The Pacific Sexual Health and Wellbeing Shared Agenda 2015-2019 is the leading document guiding Pacific Island Countries and development partners in the region. ASHM was contracted early this year by The Secretariat of The Pacific Community (SPC) to provide technical support in the first stage of the development of the corresponding implementation plan for development partners such as SPC, UNAIDS, UNFPA, UNICEF, WHO and IPPF. ASHM successfully completed the requirements in the TOR through a series of communications and workshops with development partners. We presented the draft implementation plan and recommended next steps to development partners at the Pacific AIDS Taskforce Meeting in May. This has positioned ASHM well in the Pacific and has the potential to lead to future work in the region.

ASHM Programs in the PNG

Papua New Guinea Sexual Health Society

Once again, ASHM's counterpart association in Papua New Guinea, the PNG Sexual Health Society (PNGSHS), was a primary partner in our PNG programs during 2014-2015. PNGSHS, established in 2006, is the lead organisation representing health care workers in sexual health and HIV across PNG and supports the HIV health work force by delivering training programs and practical opportunities to strengthen health workforce capacity to deliver HIV care and treatment. PNGSHS is also instrumental in the dissemination of emerging research and other HIV and sexual health clinical and treatment guidelines across PNG. PNGSHS is a partner with ASHM in delivery of the Collaboration for Health in PNG Clinical Mentoring Program, associated health workforce training and collaborations with the Oceania Society for Sexual Health and HIV Medicine (OSSHHM), which is based in Fiji.

Collaboration for Health in Papua New Guinea and ASHM Clinical Mentoring Program

The 2014-2015 Collaboration for Health in PNG (CHPNG) and Australasian Society for HIV Medicine (ASHM) Clinical Mentoring Program continued to build on the last 11 years of collaboration and work with key partners, such as Caritas, PNG National Department of Health (NDOH), the National Catholic AIDS Office and the PNG Catholic HIV/AIDS Service (CHASI) as well as Igat Hope and the National Association of People Living with HIV, Australia (NAPWHA).

In the last 12 months, the Program has evolved in response to requests and input from project partners; to changes in the HIV epidemic; and continued alignment with the PNG national HIV program. This has resulted in the Program broadening its focus to include developing a comprehensive training and curriculum package for community health worker and nursing schools.

In 2014-2015, with the expansion of Program sites, a clinical advisor, based with ASHM, was assigned to the Program to ensure consistency in technical support offered across Program sites.

The PNG HIV response has recently focused on integrating HIV within other health services and managing HIV within the context of other diseases, including STI, TB and malaria.

The ongoing establishment of rural laboratories and the increased testing options available to health workers has resulted in an emerging need to support these laboratories and their staff. Consequently, the 2014-2015 Program has included HIV and STI clinical and laboratory mentoring, conducted in collaboration with the Caritas Highlands Sexual Health Support Program (HSHSP). The HSHSP evolved from the Caritas STI Management Program (STIMP) 2010-2012, under which ASHM established a number of Highlands based laboratories with capacity to perform basic STI and TB screening. The HSHSP program has supported these laboratories throughout 2014 and 2015.

Training and clinical mentoring has continued during the past 12 months, with a total of 17 mentoring trips taking place across six provinces. In addition to these mentoring visits providing technical support to community health care workers in remote and rural clinics, there have been a number of training workshops delivered, including one HIV Refresher Training, two STI Syndromic Management Training, and two ART Prescribers Training held in Mendi, Southern Highlands.

These courses were very well received. In course evaluations, all participants showed a significant increase in knowledge and understanding of how to diagnose, treat and care for patients with HIV, TB and STI.

As part of the CHPNG-ASHM Program, a workshop was held at the 20th International AIDS Conference in Melbourne in July 2014. This workshop was titled Public, Private and Faith-based Partnerships in Papua New Guinea – How to provide innovative, needs-based programs to support HIV health care capacity building in collaboration with a range of partners. It showcased public, private and faith-based partnerships and the key aspects of these partnerships that contribute to successful programs, including: goal sharing, flexibility, longevity, commitment, innovation and cost sharing.

This workshop was an important platform to highlight the CHPNG-ASHM Clinical and Laboratory Mentoring Program and its approach to providing HIV health care capacity building to Catholic Health Services in PNG. Furthermore, it was successful in promoting the work of CHPNG, Caritas Australia, PNG National Department of Health, PNG Catholic HIV/AIDS Service (CHASI), PNG Sexual Health Society, Igat Hope, and the National Association of People Living with HIV, Australia (NAPWHA).

ASHM Leadership and Mentoring Program at AIDS2014

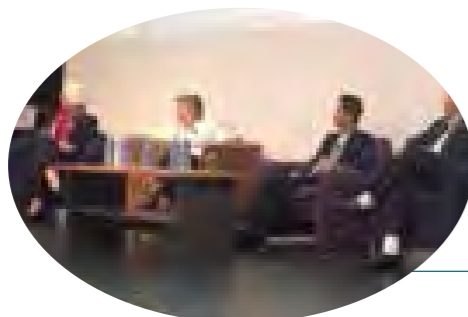


The Leadership and Mentoring Program was a great success with 180 people attended the course. The full report can be found at <http://www.ashm.org.au/programs/international/leadership-and-mentoring-program>. The experience of this program has contributed to the decision to strengthen the role of professional societies regionally, as a mechanism for facilitating professional workforce development and capacity building.

Dr Evy Yuniastuti spoke in the leadership program, and summarised her development as a clinical and policy leader in HIV and viral hepatitis in Indonesia and her relationship with ASHM spanning 12 years. She has attended a number of short training programs in Australia in collaboration with ASHM and with support from a range of sources, including the Australia Awards Fellowships and she has completed her PhD in Perth on an Australian Government scholarship.



Participants and presenters at the Leadership and Mentoring Program continue discussion after a session



The closing panel is joined by Nobel Laureate Françoise Barré-Sinoussi, International Co-Chair for the AIDS2014 Conference



The mentoring space provided a place for impromptu meetings, assignment workshops, a cup of tea, and help from the mentors.

Financial reports



**Australasian Society for HIV
Medicine**
A.C.N. 139 281 173

ACFID Summary Financial Report
For the year ended 30 June 2015

Walker Wayland NSW
Chartered Accountants

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT

Your directors present this report on the company for the financial year ended 30 June 2015.

Directors

The names of each person who has been a director during the period and to the date of this report are:

A/Prof Edwina Wright (resigned 09/10/2014)	A/Prof Gail Matthews
A/Prof Mark Boyd	Dr David Nolan
Dr Mark Bloch	A/Prof Catherine O'Connor
Professor David Cooper (term ended 09/10/2014)	Dr Louise Owen
A/Prof Benjamin Cowie	Dr Darren Russell (term ended 09/10/2014)
Dr Elizabeth Crock (appointed 09/10/2014)	Dr Thomas Turnbull (appointed 09/10/2014)
Mr Philip Cunningham	A/Prof James Ward
Dr William Donohue (term ended 09/10/2014)	Dr Trent Yarwood (appointed 09/10/2014)
Dr Julian Elliott	
A/Prof Edward Gane	
Dr Joan Ingram (appointed 10/03/2015)	

Directors have been in office since the start of the financial period to the date of this report unless otherwise stated.

Company Secretary

The following person held the position of entity secretary at the end of the financial period:

Ms Levinia Crooks (AM) has worked for the Australasian Society for HIV Medicine Inc since 1999 as Chief Executive Officer and has worked for the Australasian Society for HIV Medicine, (ASHM) a Company Limited by Guarantee, since 4 September, 2009, performing the role of Chief Executive Officer. Ms Levinia Crooks was appointed as Company Secretary when ASHM became a Company Limited by Guarantee on 4 September 2009.

Operating Results

The shortfall of revenue over expenditure amounted to \$740,098 (2014: \$405,279).

Principal Activities

The principal activities of the entity during the financial period were to act as the peak representative professional body for medical practitioners and other health care professionals in Australia and New Zealand who work in HIV, viral hepatitis and related diseases.

Short-term and Long-term Objectives

The ASHM's short-term objectives are to:

Reduce the impact of HIV, viral hepatitis and sexually transmissible infections through:

- the facilitation of workforce development activities and supporting the health workforce;
- the promotion of informed public debate;
- supporting the delivery of quality health care, domestically and regionally, and;
- responding to the needs of our members and the sector;

The ASHM's long-term objectives are to:

Reduce the impact of HIV, viral hepatitis and sexually transmissible infections through:

- supporting research and programmatic endeavors which may lead to the eradication of these conditions;
- sustaining and supporting collaborations across and between disciplines and internationally, regionally and domestically which will facilitate these long and short term objectives.

Strategies

To achieve its stated objectives, the company has adopted the following strategies:

- We seek funding and use funding from Government and non-government sources in support of our activities.
- We work collaboratively with individuals and organisations to support and contribute to the sector through the provision of workforce development, the generation of resources and the development and maintenance of standards.

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

ACFID Financial Reporting Changes for 2015

C2.1.2. (b) A plain language summary of the signatory organisation's income and expenditure and overall financial health

For the year to 30 June 2015 ASHMs total income was \$7,700,034 (2014: \$8,581,242) and its total expenditure was \$8,440,132 (2014: \$8,986,521), resulting in an operating loss of \$740,098 (2014: loss of \$405,279).

As at 30 June 2015 ASHM had total assets of \$5,946,043 and total liabilities of \$4,904,188, giving a net asset position of \$1,041,855. Of the total assets, \$3,769,302 was made up of cash at bank. There are no aged debts.

The Directors therefore believe that as at 30 June 2015 ASHM is in a good financial position.

Whilst ASHM is budgeting a loss for the year to 30 June 2015 it will remain in a positive asset and cash position at the end of the next financial year. The Directors and management will be working on strategies to ensure ASHM returns to surplus in the near future.

C2.1.2. (d) Information about evaluations into the effectiveness of and the learning from aid and development activity conducted by the organization

ASHM has continued to provide secretariat support to the Department of Foreign Affairs and Trade HIV Regional Capacity Development Program during the year and conduct activities funded through that program, as well as through activities support through private grants and donations. Two project evaluations have been undertaken in that time, which both have positive outcomes and one evaluation is still being completed.

ASHM has participated fully in the development and planning for the 20th International AIDS Conference (July 2014). It has also received support from the Department of Foreign Affairs and Trade to run a leadership and mentoring program at that conference. 177 Australia Award Fellowships were supported by DFAT following competitive evaluation of the proposals.

C.2.1.3 (c) A statement of commitment to full adherence to the Code

ASHM is committed to ensuring it fully complies with the ACFID Code of Conduct

C.2.1.3. (d) Identification of the ability to lodge a complaint against the organisation and a point of contact

ASHM has processes and systems in place that allow complaints to be made against the organization. The point of contact is Levinia Crooks, CEO and depending on the nature of the complaint through to the Board. As a Registered Training Organisation we also comply with all required complaints and appeals processes in respect of individuals using our training services.

C.2.1.3. (e) Identification of the ability to lodge a complaint for the breach of the Code with ACFID Code of Conduct Committee and a point of contact

ASHM has processes and systems in place that allow complaints for breach of the Code with ACFID Code of Conduct Committee complaints to be made. The point of contact is Levinia Crooks, CEO

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

Key Performance Measures

The company measures its own performance through the use of both quantitative and qualitative indicators. These data are used by the directors to assess the financial sustainability of the company and whether the company's short-term and long-term objectives are being achieved.

	2015	2014
Members		
Number of members	1,089	1,136
Collaborators		
Number of ANZ Organizational Sustaining Members	50	42
Number of affiliates	732	665
Number of regional partner organisations	8	4
Staff		
Number of staff employed for 5 years or more	12	12
Training and Resources		
Number of courses run	80	75
Number of resources distributed	45,920	46,290
Number of pdf resources downloaded	17,636	24,767
Number of sub-website hits (web access only)	90,334	50,367
Operational and Financial		
Total Revenue	\$7,700,034	\$8,581,242
Proportion of funding provided by:		
government grants	42%	48%
Non-government grants	5.4%	6.1%
Donations received from public	0.96%	0.83%
Proportion of funding spent on:		
Staff training	0.15%	0.25%
General office/administration	4%	5%
Fundraising – international activities	0.05%	0.09%
Fundraising – domestic activities	0.05%	0.05%

Dividends Paid or Recommended

The entity is a not for profit company limited by guarantee. In accordance with the company's Constitution no dividend is payable.

Events Subsequent to Balance Date

There have been no significant events after 30 June 2015 to the date of signing the financial report.

Future Developments

The entity expects to maintain the present status and level of operations.

Environmental Issues

The company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

Member Numbers

The number of members registered in the Register of Members as of 30 June 2015 was 1,089. This is slightly down to the prior year. It should be noted that ASHM's membership program currently has a two-pronged approach: To maintain a committed group of core individual members whilst at the same time expanding its reach to the sector at large through its Organisational Sustaining Members and Affiliate Programs and through a period of complimentary membership benefits for course registrants. Each of these programs has increased in number over the previous year. Comparing all member types there has been an increase from 2,489 in 2014 to 2,596 in 2015.

The entity is incorporated under the *Corporations Act 2001* and is an entity limited by guarantee. If the entity is wound up, the constitution states that each member is required to contribute a maximum of \$1 each towards meeting any outstanding obligations of the entity. At 30 June 2015, the total amount that members of the company are liable to contribute if the company is wound up is \$1,089 (2014: \$1,136).

Information on Directors in Office at the Date of this Report

A/Prof Mark Boyd	— President
	— BA BM BS DCTM&H MHID MD FRACP
	— Mark Boyd is an Associate Professor of Medicine and a Senior NHMRC Research Fellow working in the Sexual Health Program of The Kirby Institute, UNSW Australia. He is an active HIV/Infectious Diseases physician working in community practice at The Albion Centre and Holdsworth House Medical Practice in inner-city Sydney.
	— Mark sits on the Finance, Risk Management and Audit Sub-Committee of the ASHM Board.
Dr Mark Bloch	— Board Member
	— MBBS, Dip FP, Dip Med Hyp, M Med
	— Dr Mark Bloch has been working in the field of HIV medicine since 1983; he was a doctor at Sydney Hospital and Albion St AIDS clinic prior to being a director at Holdsworth House. He has completed his Masters in Medicine, HIV and Sexual Health from University of Sydney, and he is a past President of the Sexual Health Society of NSW. Mark is the director of clinical trials at Holdsworth House and actively involved in clinical research in HIV and STIs, co-joint lecturer at University of NSW, and a member of medical advisory boards.

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

- A/Prof Benjamin Cowie — Vice President
- MBBS PhD GradDipClinEpi FRACP
- A/Prof Benjamin Cowie is an Infectious Diseases Physician and Epidemiologist from Melbourne. He is a Director of the newly-designated WHO Collaborating Centre for Viral Hepatitis at the Doherty Institute, and is acting Head of the Epidemiology Unit at the Victorian Infectious Diseases Reference Laboratory. His clinical appointment is with the Victorian Infectious Disease Service at the Royal Melbourne Hospital, with a focus on providing care for people living with viral hepatitis. He is an Honorary Principal Fellow in the Department of Medicine at the University of Melbourne.
- Ben's main area of research interest is the epidemiology and control of communicable diseases, particularly viral hepatitis. He serves on a range of state, national and international committees related to communicable disease control and the development of healthy public policy in relation to viral hepatitis.
- Dr Elizabeth Crock — Board Member
- RN, ACRN (USA), BSc, PhD, Grad Dip Ed, MPH
- Dr Elizabeth Crock is a Registered Nurse who first worked in HIV in the early 1990s at Fairfield Infectious Diseases Hospital in Melbourne. She has worked with the Royal District Nursing Service HIV Team as Clinical Nurse Consultant in Melbourne for the last 15 years and is the current Vice President of the Australian and New Zealand Association of Nurses in AIDS Care (ANZANAC). Liz has a PhD in Nursing ethics and HIV. In 2013, she was awarded the International Centre for Nursing Ethics Human Rights Award for her advocacy in developing specialist HIV community nursing roles and in working with the Victorian AIDS Council in developing and strengthening the Partnership Agreement between RDNS and Victorian AIDS Council that ensures an integrated model of community-based care and support for people living with HIV. She recently collaborated with Living Positive Victoria to develop a comprehensive handbook for carers of older people living with HIV for the Senior Voices Project. Since becoming a Director of the ASHM Board she has participated in the Scholarships sub-committee and is currently coordinating a Nursing chapter for the ASHM publication HIV management in Australasia.

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

- Mr Phillip Cunningham — Vice President
- BSc(Med)Hons QSA
- Mr Phillip Cunningham is the Senior Scientist and Operations Manager of the NSW State Reference Laboratory for HIV/AIDS at St Vincent's Hospital, Sydney. Philip is involved in public health research through laboratory surveillance of populations at risk of HIV and related diseases and supports a range of laboratory capacity building projects in the region. Philip is a visiting senior research fellow at the Kirby Institute at the University of New South Wales and is Chief Operating Officer of the St Vincent's Centre for Applied Medical Research.
- Philip sits on the Finance, Risk Management and Audit Sub-Committee of the ASHM Board and Co-chair of the HIV Testing Policy Expert Advisory Group.
- Dr Julian Elliott — Board Member
- MBBS FRACP
- Dr Julian Elliott is Head of Clinical Research at the Alfred Hospital Infectious Diseases Unit, Senior Lecturer in the Department of Infectious Diseases, Monash University and HIV Clinical Advisor, Burnet Institute. His research interests are in the use of antiretroviral therapy in low- and middle-income countries, including treatment monitoring, treatment failure and immune restoration disease; understanding and preventing the high burden of chronic illness in people with HIV; and evidence synthesis. He is Project Director for the HealthMap Project, was previously Technical Advisor in HIV treatment, care and research at the National Centre in HIV/AIDS, Dermatology and STDs (NCHADS) of the Cambodian Ministry of Health, and has served as a consultant to WHO, UNAIDS and the World Bank on reviews of national HIV programs and development of guidelines.
- Prof Edward Gane — Board Member
- MBChB, MD, FRACP, MNZM
- Prof Edward Gane is a Professor of Medicine at the University of Auckland, New Zealand and Chief Hepatologist and Deputy Director of the New Zealand Liver Transplant Unit at Auckland City Hospital.
- Ed has been the Government Clinical Advisor to the National Hepatitis B Screening Program since its inception in 1998 and is a board member for the Hepatitis Foundation of New Zealand. Ed was recently appointed as Clinical Advisor for the Ministry of Health National Hepatitis C Project. Ed has been recent member on the Executive Committee of the NZ Society of Gastroenterology and is a member of the several international organisations including APASL, AASLD, ILCA and ILTS.

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

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A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

- Dr Joan Ingram — Board Member
- MB ChB 1985 Auckland; FRACP 1993, DTM & H (London) 1990
 - Dr Joan Ingram is an Infectious Diseases Physician working at Auckland City Hospital. She is a member of the multidisciplinary team there which is responsible for care of all HIV positive patients in the northern region of New Zealand. She has been involved in the care of HIV patients since 1987 and is pleased to have an opportunity to contribute to HIV care through being on the ASHM board. Joan is a clinician primarily but has been involved in clinical studies. Joan attended the University of Auckland and completed her Physician training in Auckland, Duke University in North Carolina and then as an HIV Fellow at the University of Maryland.
- A/Prof Gail Matthews — Board Member
- MBChB, MRCP (UK), FRACP, PhD
 - A/Prof Gail Matthews is a Clinical Academic in HIV/Infectious Diseases at St Vincent's Hospital, Sydney and an A/Prof in the Viral Hepatitis Clinical Research Program at The Kirby Institute, UNSW. She also holds an NHMRC career development fellowship.
- Dr David Nolan — Board Member
- MBBS FRACP PhD
 - Dr David Nolan is a Consultant Physician with the Royal Perth Hospital Immunology Department, with clinical duties involving a range of systemic autoimmune and immune deficiency syndromes including a large HIV cohort. David's PhD studies examined several newly-recognised HIV drug toxicity syndromes and drug hypersensitivity reactions that had become clinically concerning and highly prevalent in the HIV population, and subsequently expanded to involve a range of immunology-related research projects investigating interactions between the host immune system and adaptable pathogens. Since completing PhD studies in 2006 Dr Nolan has combined clinical (Consultant Physician, Immunology, Royal Perth Hospital) and academic appointments that have been based at Royal Perth Hospital.
- A/Prof Catherine O'Connor — Board Member
- MB BS(Hons), DrPH, MM, FACHSHM, FRACGP, DRACOG
 - A/Prof Catherine O'Connor is the Director of Sexual Health Service for Sydney Local Health District and is based at RPA Sexual Health. She is also Executive Clinical Director for Community Health in Sydney Local Health District. She holds a conjoint appointment at the Kirby Institute, UNSW and the Central Clinical School, Sydney University. Catherine is the current Oceania Vice Chair of IUSTI-Asia Pacific. She has many years of involvement in medical education and medical research. She is a site mentor in ASHM's HIV clinical mentoring program in PNG.

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

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A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

- Dr Louise Owen — Board Member
- MBBS (Hons) FRACP FACHSHM
 - ASHA Executive Board Member, Director Statewide Sexual Health Service, Clinical Senior Lecturer School of Medicine UTAS
 - Dr Louise Owen is a Sexual Health Physician and Director of Statewide Sexual Health services in Tasmania. Her interest in sexual health and HIV began during her general practice training in Victoria in the 1990s. Louise has worked tirelessly to promote a culture within the service that promotes equitable participation, respecting individual rights and confidentiality and one that promotes education and training for staff and clients. Louise has developed strong linkages with the UTAS Medical school to foster curriculum development for undergraduate students through lectures and placements within the Tasmanian Sexual Health Service. Louise is actively engaged in providing education sessions to Community General Practitioners and GP's in training. Louise has been instrumental in introducing Walk-in-clinics to the Statewide Service where no appointment is necessary. The PoC HIV Rapid Testing Clinics have been rolled out across the state in 2014. She has been an ASHM Board member since 2010.
- Dr Thomas Turnbull — Board Member
- BHealth Sc, MB BS, FRACGP
 - Dr Thomas Turnbull is a general practitioner working in a high HIV caseload general practice in Adelaide, O'Brien Street Practice. He also provides care to newly arrived refugees and asylum seekers at Migrant Health Service. Dr Turnbull has been involved in writing a publication about managing HIV in general practice for Australian Prescriber. He has started working with South Australian Prison Health Service as clinical director and looks forward to improving prisoner's health, with a particular focus on blood-borne diseases and sexually transmitted infections.
- A/Prof James Ward — Board Member
- BA, FAICD
 - Associate Professor James Ward has more than 20 years' experience within Aboriginal health and communities in Australia spanning clinical, policy, program and research. He is of the Pitjantjarra and Nurrunga clans of central and south Australia and has a strong interest in building capabilities in communities to enable self-determination and control of Aboriginal peoples' own health. He has a strong background in community-based research in urban, regional and rural Australia, specialising in HIV and other sexually transmitted infections, viral hepatitis and adolescent health. He is Head of Infectious Diseases Research – Aboriginal Health at the South Australian Health and Medical Research Institute, and his research focuses exclusively on improving health outcomes for Aboriginal and Torres Strait Islander people. James is recognised as Australia's expert in the field of STI and BBV control among Aboriginal and Torres Strait Islander people and has served on many national and jurisdictional committees.

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

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A COMPANY LIMITED BY GUARANTEE

DIRECTORS' REPORT (CONTINUED)

- Dr Trent Yarwood
- Board Member
 - BAppSc MBBS MPHTM FRACP
 - Dr Trent Yarwood is an infectious diseases physician at Cairns Hospital, where he is responsible for the antimicrobial stewardship program. He also sees patients at the Cairns Sexual Health clinic where he has an interest in managing HIV+ patients with medical comorbidities and the perinatal management of HIV+ mothers. Trent is undertaking post-fellowship training in public health medicine as part of the communicable disease control team at Tropical Public Health Services (Cairns). His other clinical interests are infection control in healthcare settings and in communicable disease epidemiology. Trent is an adjunct Senior Lecturer with the James Cook University College of Medicine & Dentistry and a clinical Senior Lecturer with the University of Queensland Rural Clinical School.

ATTENDANCE AT DIRECTORS MEETINGS

Name	Board Meetings	Meetings of Finance, Risk Management and Audit Sub-Committee
Mark Bloch	4 (9)	-
Mark Boyd	6 (9)	4(5)
David Cooper	2 (2)	-
Benjamin Cowie	8 (9)	4(5)
Elizabeth Crock	4 (7)	-
Phillip Cunningham	7 (9)	4(5)
William Donohue	1 (2)	-
Julian Elliott	2 (9)	-
Edward Gane	4(9)	-
Joan Ingram	2 (3)	-
Gail Matthews	3 (9)	-
David Nolan	5 (9)	-
Catherine O'Connor	9 (9)	2(2)
Louise Owen	8 (9)	-
Darren Russell	1 (2)	-
Thomas Turnbull	7 (7)	-
James Ward	3 (9)	-
Edwina Wright	2(2)	1 (1)
Trent Yarwood	6 (7)	-

Figures in brackets indicate the maximum number of Board Meetings directors were eligible to attend.

Indemnifying Officers or Auditor

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the entity.

Proceedings on Behalf of the Entity

No person has applied for leave of Court to bring proceedings on behalf of the entity or intervene in any proceedings to which the entity is a party for the purpose of taking responsibility on behalf of the entity for all or any part of those proceedings.

The entity was not a party to any such proceedings during the period.

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

Auditor's Independence Declaration

The lead auditor's independence declaration for the period ended 30 June 2015 has been received and can be found on page 11 of the directors' report.

Signed in accordance with a resolution of the Board of Directors:

A/Prof Mark Boyd BA BM.BS DCTM&H MHID MD FRACP

A/Prof Catherine O'Connor MB.BS(Hons), DrPH, MM, FACHSHM, FRACGP, DRACOG

Dated this ^{8th} day of September 2015



Walker Wayland NSW

Chartered Accountants

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Website: www.wwnsw.com.au

AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 307C OF THE CORPORATIONS ACT 2001 TO THE DIRECTORS OF AUSTRALASIAN SOCIETY FOR HIV MEDICINE

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2015 there have been:

- (i) no contraventions of the auditors' independence requirements as set out in the *Corporations Act 2001* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Walker Wayland NSW
Chartered Accountants

Grant Aillsopp
Partner

Dated this 8th day of September 2015

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2015

	2015 \$	2014 \$
REVENUE		
Donations and gifts		
- Monetary	73,593	70,843
- Non-monetary	-	-
Bequests and legacies	-	-
Grants		
- AusAid	828,448	1,129,563
- Other Australian	2,642,220	3,486,231
- Other overseas	159,784	22,394
Investment income	30,721	66,961
Other income	3,965,268	3,805,250
TOTAL REVENUE	7,700,034	8,581,242
EXPENDITURE		
International Aid and Development Program Expenditure		
International programs		
- Funds to international programs	276,631	368,705
- Program support costs	673,914	606,443
Community education	-	-
Fundraising costs		
- Public	529	521
- Government, multilateral and private	3,563	7,300
Accountability and administration	74,740	78,121
Regional HIV capacity development HIV		
Total International Aid and Development Programs Expenditure	1,029,377	1,061,090
Regional HIV capacity building program – secretariat	334,862	290,639
Domestic programs expenditure		
General office and administration expenses	303,142	441,906
Occupancy expenses	319,729	277,779
Educational programs/resources	806,392	1,150,129
Professional fees	193,435	510,338
Personnel expenses	2,011,950	2,469,281
Loss on disposal of assets	10,674	118
Depreciation	57,646	57,224
IT system development costs	348,199	-
Bank and merchant fees	10,058	9,925
Conference expenses	3,014,668	2,718,092
Total Domestic programs expenditure	7,075,893	7,634,792
TOTAL EXPENDITURE	8,440,132	8,986,521

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

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A COMPANY LIMITED BY GUARANTEE

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2015

	2015	2014
	\$	\$
(SHORTFALL) OF REVENUE OVER EXPENDITURE	(740,098)	(405,279)
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	(740,098)	(405,279)

During the financial year, ASHM had no transactions in the International Political or Religious Adherence Promotion Programs category.

Fundraising costs – government, multilateral and private relate to fundraising via grant preparation (not charitable, benevolent, philanthropic donations).

No single appeal, grant or other form of fund raising for a designated purpose generated 10% or more of the ASHM International aid and development revenue for the financial year.

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

SUMMARY FINANCIAL REPORTS**STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2015**

	2015	2014
	\$	\$
CURRENT ASSETS		
Cash and cash equivalents	3,769,302	3,377,594
Trade and other receivables	1,525,723	1,220,894
Other financial asset	468,640	468,640
Other current assets	15,572	34,979
TOTAL CURRENT ASSETS	5,779,237	5,102,107
NON-CURRENT ASSETS		
Other financial asset	-	-
Property, plant and equipment	166,806	205,432
TOTAL NON-CURRENT ASSETS	166,806	205,432
TOTAL ASSETS	5,946,043	5,307,539
CURRENT LIABILITIES		
Trade and other payables	1,007,590	859,064
Deferred income	3,630,783	2,365,723
Provisions	161,553	185,205
TOTAL CURRENT LIABILITIES	4,799,926	3,409,992
NON-CURRENT LIABILITIES		
Provisions	104,262	115,594
TOTAL NON-CURRENT LIABILITIES	104,262	115,594
TOTAL LIABILITIES	4,904,188	3,525,586
NET ASSETS	1,041,855	1,781,953
EQUITY		
Retained earnings	1,041,855	1,781,953
TOTAL EQUITY	1,041,855	1,781,953

At the end of the financial year, ASHM had no balances in the following:

Current assets: inventories, assets held for sale

Non-current assets: trade and other receivables, investment property, intangibles, other non-current assets

Current liabilities: borrowings, current tax liabilities, other financial liabilities, other current liabilities

Non-current liabilities: borrowings, other financial liabilities, other non-current liabilities

Equity: reserves

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

SUMMARY FINANCIAL REPORTS**STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2015**

	Other \$	Reserves \$	Retained Earnings \$	Total \$
BALANCE AT 30 JUNE 2013	-	-	2,187,232	2,187,232
Shortfall of revenue over expenditure for the year	-	-	(405,279)	(405,279)
Other comprehensive income for the year	-	-	-	-
BALANCE AT 30 JUNE 2014	-	-	1,781,953	1,781,953
Shortfall of Revenue over Expenses	-	-	(740,098)	(740,098)
Other comprehensive income for the year	-	-	-	-
BALANCE AT 30 JUNE 2015	-	-	1,041,855	1,041,855

The Code of Conduct Summary Financial Report information is obtained from the full financial report. The 2014-2015 audited full statutory financial report is available on request or by visiting www.ashm.org.au/annualreport. The Summary Financial Report has been prepared in accordance with the accounting policies set out in the full statutory financial report and have been consistently applied to all financial years presented.

The Summary Financial Reports have been prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID Code of Conduct Guidance available at www.acfid.asn.au.

AUSTRALASIAN SOCIETY FOR HIV MEDICINE

A.C.N 139 281 173

A COMPANY LIMITED BY GUARANTEE

DIRECTORS' DECLARATION

The Directors of the Company declare that:

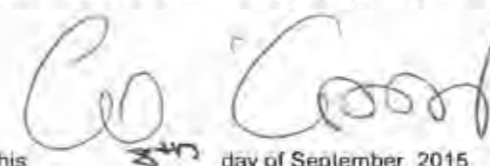
1. The Summary financial statements, are in accordance with the requirements set out in the ACFID Code of Conduct:
 - a. comply with relevant Australian Accounting Standards as applicable;
 - b. Is an extract from the full financial report for the year ended 30 June 2015 and has been derived from and is consistent with the full financial report of the company; and
 - c. give a true and fair view of the Company's financial position as at 30 June 2015 and of the performance for the year ended on that date.
2. In the Directors' opinion there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

A/Prof Mark Boyd BA BM BS DCTM&H MHID MD FRACP



A/Prof Catherine O'Connor MB.BS(Hons), DrPH, MM, FACHSHM, FRACGP, DRACOG



Dated this ²⁴ day of September 2015



Walker Wayland NSW
Chartered Accountants

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**INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
AUSTRALASIAN SOCIETY FOR HIV MEDICINE**

Report on the Financial Report

The accompanying Code of Conduct Summary Financial Report (hereafter referred to as "summary financial report") of Australasian Society For HIV Medicine for the year ended 30 June 2015, comprising of the summary statement of comprehensive income, summary statement of financial position and summary statement of changes in equity is derived from the audited general purpose financial reports of Australasian Society For HIV Medicine for the year ended 30 June 2015. The summary financial report does not contain all of the disclosures required by the Australian Accounting Standards and accordingly, reading the summary financial report is not a substitute for reading the audited financial report.

Directors' Responsibility for the Financial Report

The Directors are responsible for the preparation and presentation of the summary financial report in accordance with the requirements of the Australian Council for International Development (ACFID) with reference to the ACFID Code of Conduct. This responsibility includes establishing and maintaining internal control relevant to the preparation of the concise financial report; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances. The Directors advise that the summary financial report has not been prepared in accordance with Accounting Standard AASB 1039: Concise Financial Reports or the Corporations Act 2001.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial report based on our audit procedures which were conducted in accordance with Auditing Standard ASA 810: Engagements to Report on Summary Financial Statements. We have conducted an independent audit, in accordance with Australian Auditing Standards, of the full financial report of Australasian Society For HIV Medicine for the year ended 30 June 2015. Our audit report on the financial report for the year was signed on 8 September 2015 and was not subject to any modification. The Australian Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report for the year is free from material misstatement.

Our procedures in respect of the summary financial report included testing that the information in the summary financial report is derived from, and is consistent with, the financial report for the year, and examination on a test basis, of evidence supporting the amounts and other disclosures which were not directly derived from the financial report for the year. These procedures have been undertaken to form an opinion whether, in all material respects, the summary financial report complies with the requirements of the ACFID Code of Conduct.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Walker Wayland NSW
Chartered Accountants

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**INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
AUSTRALASIAN SOCIETY FOR HIV MEDICINE**

Independence

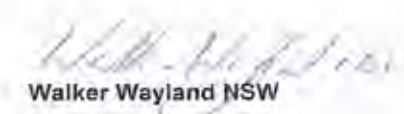
In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001* and the professional accounting bodies in Australia.


Auditors Opinion

In our opinion, the summary financial report of Australasian Society For HIV Medicine for the year ended 30 June 2015 complies with the requirements of the ACFID Code of Conduct.

Basis of Accounting

Without modifying our opinion, we draw attention to the basis of accounting, which is to prepare a summary financial report to comply with the requirements of the Australian Council for International Development (ACFID) with reference to the ACFID Code of Conduct. As a result, the financial report may not be suitable for another purpose.


Walker Wayland NSW
Chartered Accountants


Grant Allsopp
Partner

Dated this 8th day of September 2015, Sydney

ASHM Staff

List of employed staff (2014-2015)

Rebecca Brown
 Amanda Burg
 Megan Campbell
 Jackie Chu
 Levinia Crooks
 Rini Das
 Emma Day
 Beni Falemaka
 David Fowler
 Peter Fry
 Helen Gao
 Nadine Giatras
 Nikitah Habraken
 Sonja Hill
 Hayden Jose
 Richard Kallio
 Raphaelle Kelly
 Annabelle Kennett
 Alison Kerr
 Claire Koetsier
 Scott McGill
 Stephanie McLean
 Ann Mehaffey
 Alison Mudie
 Duc Nguyen
 Michelle O'Connor
 Murray Pakes
 Lucie Perrissel
 Catherine Pooley
 Edward Reis
 Anna Roberts
 Nicole Robertson
 Kate Ross
 Amy Sargent
 Karen Seager
 Danielle Spinks
 Muirgen Stack
 Rebecca Sutherland
 Vanessa Towell
 Emily Wheeler
 Elisabeth Wilkinson
 Samantha Williamson.

Clinical Advisers during the year

Nicole Allard
 David Baker
 Robert Batey
 Cherie Bennett
 Ben Cowie
 Josh Davis
 Tracey Jones
 Thao Lam
 Sue Mason
 Graham Macdonald
 Mark O'Reilly
 Craig Rodgers.

International Clinical Mentors during the year

Dr David Baker
 Dr Michelle Giles
 Dr George Kotsiou
 Colin MacLeod
 Dr Arun Menon
 Bruce Miles
 Dr John Millan
 Dr Richard Moore
 Dr Catherine O'Connor
 Dr Mark O'Reilly
 Dr Kimberley Oman
 Dr Heidi Spillane
 Dr Ban Kiem Tee
 Dr Emanuel Vlahakis.

Staff who left ASHM during the year

Jacinta Ankus
 Chris Braae
 Naama Carlin
 Mrinalini De Bakshi
 Kathryn Fulwood
 Nadia Khristenko
 Petrana Lorenz
 Thanos Lygdas
 Rachel Peel
 Emilie Spencer
 Steven Thorne
 Beth Wilson
 Natasha Wood.



ashm

Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

Australasian Society for HIV Medicine

Published by the Australasian Society for HIV Medicine

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www.ashm.org.au

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